

Rainbow Trust Children's Charity

Rainbow Trust Children's Charity 10

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

About the service:

Rainbow Trust Children's Charity 10 provides personal care and emotional support to children experiencing very serious illness, resulting from birth abnormalities or onset of illness for other reasons. The provider operates eight registered services in England and this local service operates in boroughs north of the river Thames. At the time of this inspection there were five children, living in four families, receiving a few hours personal care and emotional support each week.

People's experience of using this service:

The service placed the children and their families at the heart of the support they provided. Each family was provided with a package of support usually a few hours each week, however the amount of support provided was flexible and based on each child and their family's current circumstances. Families we spoke with were highly complimentary about the abilities of all staff and their compassionate approach to care.

Staff were safely recruited, well trained and supported with core and personalised training programmes, which were geared to the specific needs of children and their families at any given time. Staff were aware of how to report any concerns about neglect or abuse. A member of staff told us they felt that they were part of an organisation that cared for them and their wellbeing, as well as the children and families they were supporting.

People were supported safely, and risks regarding their care were assessed and met. The service did not administer medicines to anyone, although if this was ever requested by a family it would be considered and the provider would ensure that staff had up to date training before doing this.

We saw clear evidence of caring relationships, which was viewed as a vital part of supporting children who were seriously ill and whose families also needed some practical, but largely emotional, support.

Regular audits about how the service was operating were carried out, as well as good communication between the staff team, which helped to maintain the high quality of the service.

More information is in the full report.

Rating at last inspection: At the last inspection in September 2016 the service had been rated as good in all key questions.

Why we inspected: This was a scheduled inspection, based upon the last rating.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

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Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was carried out by one inspector and an expert by experience made phone calls to all four of the families using the service at present. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service for families and their children.

Service and service type:

Rainbow Trust Children's Charity 10 provides personal care and support to children and their families in their own homes. Not everyone using Rainbow Trust Children's Charity 10 receives a regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return [PIR] in 2019. The PIR 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 used all this information and the previous inspection report to plan our inspection.

During the inspection at the office we spoke with the registered manager and requested feedback by email from three support workers, one of whom replied. The week before the inspection took place our expert by experience made telephone contact with three of the four families currently using the service. We also received written feedback from a healthcare professional that had referred families to the service.

We reviewed a variety of records which related to children's individual care and the running of the service. These records included care files of all five children receiving personal care, two staff employment records and a range of other records including information given to children and families about the service.

Is the service safe?

Our findings

Good: Children were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Every family member we spoke with talked about feeling very safe and comfortable with staff and complimented support worker's ability to carry out their jobs. Everyone told us they felt the staff were knowledgeable and skilled to support their individual child's needs.
- The service took all reasonable steps to ensure that children were protected from harm. There were organisational policies and procedures for protection of children from abuse. Care and support were provided to people living across many London boroughs and the provider had the necessary information about who to contact if any concerns arose. No concerns about abuse had arisen since our previous inspection.
- A support worker told us there were clear expectations, processes and support with regards to safeguarding. It was the policy of the provider to ensure that staff had initial training which was then followed up with periodic refresher training. When we looked at staff training records we found that this was happening for all staff.

Assessing risk, safety monitoring and management

- Risks related to the very specific areas of care support that were offered to each child were considered. Risk assessments outlined what potential risk could be present for each child and outlined what should be done to mitigate possible harm being caused. No concerns had been raised with the Care Quality Commission (CQC), or other professionals, about children having come to harm because of any risks they individually faced.

Staffing and recruitment

- The service continued to operate safe recruitment procedures. We looked at the recruitment files for two support workers who had been employed since our previous inspection. Each member of staff had confirmation from the provider's human resources department that the required identity verification, disclosure and barring checks (DBS) and references had all been supplied and were acceptable.

Using medicines safely

- The service was not responsible for obtaining or administering medicines to children on behalf of their parents. The registered manager informed us that they could not recall any family having ever requested assistance to provide their child with medicines. The provider had a detailed medicines policy which outlined that before any assistance could be considered or if support workers had to have current medicines

training. This was not a standard requirement of the day to day operation of the service but there were protocols in place to safely consider and plan for this if a request was ever to be made.

Preventing and controlling infection

- Each support worker received regular training about infection control. The main potential for infection was when changing nappies or helping a child to use the toilet or when washing. There were clear guidelines for staff about how this should be done, which included full involvement of each child's own parents.

Learning lessons when things go wrong

- Children were supported safely as there were procedures in place for reporting any accidents or incidents. It is noted that none had occurred that required reporting. Any issues around day to day support with families were discussed at the weekly staff meetings and how to minimise the potential for things going wrong was considered.

Is the service effective?

Our findings

The service cared for children and young people up to the age of 18. It should be noted that the service would not have responsibility for making applications under the Mental Capacity Act 2005 and deprivation of liberty safeguards for adults. DoLS legislation does not apply to children. The provider would have responsibility for ensuring that any decision made under the MCA were complied with, although this would only apply to young people at the age of 16 in respect of certain consent, for example to medical treatment. All the children being provided with personal care at the time of this inspection were under 5 years of age.

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Families told us about how support workers spent time getting to know both themselves and their child before carrying out support. People also spoke about staff being very skilled and knowledgeable about how to support their individual child. As an example, someone told us, "They are so knowledgeable, absolutely anything you want to know you can ask them, you're free to speak to [support worker] at any time, if you're unhappy or uncertain about things."
- Needs assessments were carried out as soon as practicable by the service when a request for support was received. The request could come from a family themselves or from health and social care professionals.
- Assessments of need were tailored to the request for support that had been made and the requested support was agreed and provided. The support provided to each family, for an average a few hours each week, focused primarily on support for the family with some elements of personal care also included. Personal care was usually focused around assisting a parent by changing nappies or assisting at bath time, most often in the presence of a parent.

Staff support: induction, training, skills and experience

- A support worker told us, "I had a full induction and undertook further safeguarding, first aid, food handling and safe handling of clients. This was in addition to my existing training and experience and has been updated regularly."
- We spoke with the registered manager who described the system used to ensure both mandatory and optional training courses were provided. The mandatory training covered core skills and knowledge for staff, including infection control and safeguarding children from abuse. The registered manager told us that if a child had needs that required specialised training then only staff who had received this would be used to care for the child, although this was not the case for any child receiving personal care at the moment. The

provider was diligent in making sure that the required training was provided and that support workers were skilled and knowledgeable about how to provide the care that the children they supported needed.

- We looked at the training records for support workers. The training records listed the dates that training had been undertaken. This supported the provider's aim to ensure that children were only supported by staff with the necessary skills.
- All of the staff team had professional qualifications in health or social care. Induction was in line with the Care Certificate although no-one was required to undertake the certificate due to them having either already obtained this or having other relevant health and social care qualifications.
- A support worker told us that the support they received to undertake their role was high quality and described regular individual, and team supervision as well as team meetings.

Supporting people to eat and drink enough to maintain a balanced diet

- Support staff never prepared meals for children as this was always done by their family. Support workers could at times assist children to eat their food or to have a drink, although this was usually in the presence of a parent. None of the children using the service at present had issues regarding swallowing and for any child that used a peg feed tube this was always managed by their family and not support workers.

Staff working with other agencies to provide consistent, effective, timely care

- Support workers liaised well with a wide variety of different agencies in the health and social care sector. It was not uncommon for families to be referred through hospitals, for example Great Ormond Street hospital for sick children, at the point that a child had been diagnosed with a serious illness or medical condition. The registered manager reported to us that most children do fortunately recover from their illness or other condition they are being treated for.

Supporting people to live healthier lives, access healthcare services and support

- The service did not take responsibility for ensuring that healthcare needs were addressed. However, the service required that any changes to children's condition observed by support workers when caring for someone were reported to their relative, parent or guardian. Care plans showed the provider continued to verify children's healthcare needs and provided specific training and guidance to staff about how to provide support.

Ensuring consent to care and treatment in line with law and guidance

- There were clear policies and guidelines in place about obtaining consent. All the children receiving personal care support at the time of this inspection were under 5 years of age. In each case consent had been provided in writing by the children's parents.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Families told us how caring and supportive staff were, no one had any concerns regarding the support that they were receiving. People spoke about this raising their confidence and that they felt they had been empowered. People also told us that they were treated with respect and dignity by the staff, they were listened to and not judged. As an example, we were told, "They follow my lead and respect my parenting skills, I feel comfortable with them and [support worker] is not judgmental."
- Children's individual care plans included information about their cultural and religious heritage, communication and guidance about how personal care should be provided. We found that staff were provided with information about children and families unique heritage and care plans described what should be done to respect and involve children as far as they were meaningfully able to be involved. An emphasis was also placed on building trusting relationships with the parents of children that were cared for.

Supporting people to express their views and be involved in making decisions about their care

- Care plans showed that children using the service were involved as much as they could be also taking into consideration children's ages as well as the wishes of parents or guardians. Feedback was sought and readily provided by families, and children's views were also obtained which included what they liked or disliked.

Respecting and promoting people's privacy, dignity and independence

- Staff received training about treating people with dignity and respect. Families told us that staff were considerate and respectful of their privacy. Comments from people included, "Yes I do think they are very caring, it's only my opinion but [support worker] has lots of patience and has a great personality" and "[support worker] makes me feel relaxed, she has built up my confidence, I feel so comfortable when they are here."
- Staff knew the importance of respecting people's confidentiality and not speaking about people to anyone other than those involved in their care. The service had policies and guidance for staff to follow to ensure that children and their families confidentiality were respected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were updated at least every six months, but more frequently if changes to children's support needs required care plans to be updated. We found this in effect happened more regularly as there were frequent entries on care and assessment records about children's recovery progress and the engagement between support workers and families. The service was adaptable and responsive to changing circumstances, for example, we looked at a care plan where a child's illness and the distress this caused for their family was recognised by the service who took steps to put additional support in place even without a request being made first by the family. The benefit of this recognition and response was that the service pre-empted any issues that may be emerging for the family involved. Care plans were agreed to and signed by the parent or guardian caring for the child.

Improving care quality in response to complaints or concerns

- Families told us that they had no complaints or reason for complaining. People spoke about being able to speak directly with the support worker they had. Also, that they had access to a phone support from the organisation. Where different culture or heritage were concerned, no one said this had ever been an issue. People spoke about their religion not been an issue with the staff, even if they were of a different cultural or religious background. As an example, we were told, "I have talked to death about my upbringing in my faith although I don't have strong religious beliefs, [support worker] seems very open to how I do things. I don't believe there is any cultural difficulties, with us at all and [support worker] does things the way I like them doing."

- We looked at the complaints record and found that no formal complaints had been made since our previous inspection. The continued focus of positive communication and relationship building with people demonstrated that any queries raised were quickly responded to without the need for people to raise formal complaints.

End of life care and support

- The registered manager informed us that most children recover from their illness or other medical conditions. Children are cared for by their families and healthcare professionals. In instances where sadly a child does not recover from their illness the provider has links with a partner charitable organisation to offer bereavement support and counselling. Rainbow Trust does continue to offer support for up to a year after a child passes away if this is wished by a family.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Families told us that they had no concerns regarding the management of the organisation. People spoke about initial contact with the registered manager, and that they were well supported by the organisation. They also said they were quite capable and confident in contacting the management if they were unhappy. We were told, "I'm very happy with the way they've managed to come and support us, I don't know what I'd do without them."

- From conversations with the registered manager and feedback we received from a support worker it was demonstrated that the principles of providing care with compassion and respect for those they supported, and their families was understood. During our inspection, when we asked about aspects of individual children, and their families, support it was also evident how well people's needs were known. Changes to needs and flexibility in providing support in evolving circumstances was also demonstrated in an example we discussed for a family currently receiving support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Each member of staff had clearly defined roles and the registered manager reported to the provider about the way the service was operating. Any challenges or risks to effective operation that arose were quickly identified and responded to which was reflected in the positive way that people using the service, and others, viewed how well the service was managed. There was a small staff team who communicated regularly day to day and at weekly team meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Children's individual care plans included information about their cultural and religious heritage, communication and guidance about how personal care should be provided. Support workers were provided with information about people's unique heritage and care plans described what should be done to respect and involve people as far as they were meaningfully able to be involved. An emphasis was also placed on building trusting relationships and working in partnership with the families of the children that were supported.

Continuous learning and improving care

- A support worker told us, "We work with a diverse range of clients and allied professional organisations for the best possible outcomes for the families we support." It was evident that not only the provider, but also locally within the service, there was a culture of transparency. The service worked with a wide variety of children and families, recognised that people's experiences were unique and that people were experiencing very challenging circumstances.

Working in partnership with others

- A professional that contacted us said that they had in the distant past sometimes experienced a delay in the service responding to referrals. They said that all feedback they have had from families had been positive once the support had been established. They referred to one support worker that had, and still does, support families. They described the person as hugely supportive in family's times of need, offering befriending and 'talking therapy' as one family had described it.
- The service was involved in learning about initiatives in developing good care practice, and had links with other professional networks, for example in the care of children with cardiac difficulties to promote best practice.