

Rainbow Trust Children's Charity

Rainbow Trust Children's Charity 7

Inspection report

The Estate Office
London Road
Pitsea
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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

This inspection took place on 3 April 2018 and 25 June 2018 and was announced. Rainbow Trust Children's Charity 7 is a domiciliary care service which provides personal care for children, young people and their families living in their own homes. The children were living with a life limiting or terminal health condition. At the time of the inspection there were 110 people and their families using the service, of which two children were receiving care in line with the regulated activity of 'personal care'. The domiciliary care service also offered parent and sibling support and to support and commemorate children who had passed away.

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

Our key findings across all the areas we inspected were as follows:

- ☐ Suitable arrangements were in place to keep people safe. Policies and procedures were followed by staff to safeguard people and staff understood these measures. Risks to people were identified and managed to prevent people from receiving unsafe care and support. The service was appropriately staffed to meet the needs of the people using the service. Recruitment procedures were followed to ensure the right staff were employed. Arrangements were in place for learning and making improvements when things go wrong.
- ☐ Staff had a thorough induction to carry out their role and responsibilities effectively. Staff had the right competencies and skills to meet people's needs and received regular training opportunities. Suitable arrangements were in place for staff to receive regular formal supervision. People's nutritional and hydration needs were met. People received appropriate healthcare support as and when needed. The service worked together with other organisations to ensure people received coordinated care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- ☐ People were treated with care, kindness, dignity and respect. People received a good level of care and support that met their needs and preferences. Staff had a good knowledge and understanding of people's specific care and support needs and how they wished to be cared for and supported.
- ☐ Support plans were in place to reflect how people would like to receive their care and support, and covered all aspects of a person's individual circumstances. Information about how to make a complaint was available and people's representatives told us they were confident to raise issues or concerns. Families received appropriate bereavement support.
- ☐ Suitable arrangements were in place to assess and monitor the quality of the service provided. There was a positive culture within the service that was person-centred, open and inclusive. People received a good quality service that was flexible and responsive to their needs.

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.

Children and young people were protected and safeguarded from potential abuse.

Risks to children's and young people's care and support were appropriately managed to promote their safety.

There were sufficient numbers of staff available to meet children's and young people's care and support needs safely and to an appropriate standard.

The provider had safe recruitment procedures in place.

Is the service effective?

Good ●

The service was effective.

Children and young people had access to care and treatment from staff and volunteers who had the appropriate skills and knowledge to meet their needs.

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

Staff supported parents to take their children to healthcare appointments.

Guidance was being followed to ensure that children and young people were supported appropriately by staff regarding their ability to make decisions. Staff understood the importance of gaining consent.

Is the service caring?

Good ●

The service was caring.

Staff were friendly, kind and caring towards the children and young people they supported to ensure that appropriate care was provided and that positive caring relationships were developed.

Suitable arrangements were in place to support children and young people to make decisions about their care, support and treatment.

Staff know how to manage children's and young people's end of life care and to provide post bereavement care.

Staff demonstrated a good understanding and awareness of how to treat children and young people with respect and dignity.

Is the service responsive?

Good ●

The service was responsive.

Children and young people received personalised care and support that was flexible and responsive to their specific needs.

Children and young people were provided with suitable opportunities to participate in age-related social activities.

Care plans ensured they were centred on the child or young person and staff had the information they needed to deliver the care and treatment.

Is the service well-led?

Good ●

The service was well-led.

The management team of the service were clear about their roles, responsibility and accountability.

Appropriate arrangements were in place to ensure the service was well-run. Suitable quality assurance measures were in place to enable the registered provider and manager to monitor the service provided and to act where improvements were required.

Rainbow Trust Children's Charity 7

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 was a comprehensive inspection. This inspection took place on 3 April 2018 and 25 June 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure that the registered provider would be in. The inspection team consisted of one inspector.

We also reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with two relatives, two members of staff, the registered manager and one of the service's national manager's. We reviewed 12 people's care files and four staff recruitment and support records. We also looked at a sample of the service's quality assurance systems, we discussed the registered provider's arrangements for managing medication, staff training records, complaint and compliment records and safeguarding procedures.

Is the service safe?

Our findings

Staff understood their role and responsibilities in promoting children and young people's safety. Staff had received appropriate safeguarding training. Staff could demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a child's or young person's safety to the registered manager or external agencies, such as the Local Authority. Staff were confident the provider would act appropriately on people's behalf.

Staff were aware of the risks to each child or young person's safety and wellbeing. Although some information had been considered and documented, for example, in relation to their specific healthcare conditions, moving and handling requirements and any environmental risks, minor improvements were required to provide more detail as to how these risks were to be managed and mitigated. Risk assessments were also completed where family events were organised, for example, in February 2018, 17 children and seven adults attended a pet's party. The risk assessment clearly identified the potential risks posed, impact and the actions to be taken to mitigate the risk.

People had adequate numbers of staff that could manage their care and support needs. The service employed a registered manager, five family support workers and a neonatal support worker. The registered manager told us that staffing levels were planned and managed to meet the needs of the individual child, young person, sibling or parent using the service. Although the service provided support for 110 children, young people and their families [including sibling support], only two children were receiving care in line with the regulated activity of 'personal care'. Most support provided by the domiciliary care service centred primarily on supporting families to attend appointments, providing sibling support, for example, 'after school' provision, arranging outings and family 'fun-days' and offering more practical support such as housework and shopping. The registered manager confirmed the service were looking to source funding for a 'pilot' of volunteers to undertake the latter in 2019.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for four members of staff showed the registered provider had operated a thorough recruitment procedure in line with their policy and procedure. Relevant checks were carried out before a new member of staff commenced working at the service. These included the attainment of references, ensuring the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service [DBS], processing applications and conducting employment interviews. This showed that staff employed had had the appropriate checks to ensure they were suitable to work with people using the service.

We were not able to determine at this inspection, if the service's medication arrangements were satisfactory, as the registered manager told us no-one was being supported with their medicines management. Staff did not administer medicines to children or young people as their relatives managed the administration of medicines. All the relatives we spoke with told us they managed the medicines for their member of family.

The registered provider operated an open and transparent culture whereby staff were encouraged to report concerns and safety incidents. Although there had not been any incidents of concern, we were assured that appropriate arrangements were in place to review and investigate events and incidents and to learn from these should they arise.

We were also unable to determine at this inspection, if the service's infection control practices and procedures were satisfactory as these were not directly observed.

Is the service effective?

Our findings

We found children's and young people's care and support was provided by a staff team that were appropriately trained and supported. Parents told us they had confidence in the staff to provide the care and support their child or young person required as staff were knowledgeable and understood their child's or young person's individual needs. Parents told us in their opinion staff were suitably trained and skilled. The registered manager told us and records confirmed all newly employed members of staff received a structured planned induction and training programme to help them be an effective member of staff. This included both mandatory training as established and determined by the registered provider and specialist courses in relation to palliative care. Staff told us the registered provider had a positive attitude towards training and confirmed they received regular opportunities to refresh their training.

Newly employed members of staff received a structured planned induction comprising of training in key areas appropriate to the needs of the people they supported and an introduction to the organisation and service. In addition to this staff were given the opportunity to shadow a more experienced member of staff. Staff confirmed their induction had been comprehensive and they received good support from the registered manager and other team members. The service currently had six volunteers, two of which worked independently with children and families and others worked alongside existing support workers. The registered manager confirmed volunteers completed their induction within the first month of volunteering at the Rainbow Trust Children's Charity and attended training in mandatory topics, for example, palliative care, safeguarding, loss, grief and bereavement and moving and handling.

Staff received regular supervision and records confirmed this was accurate. Staff told us that supervision was used to help support them to improve their practice, to discuss their roles, discuss the specific needs of children and the young people they supported and their training needs. Staff told us this was a two-way process and they felt supported and valued by the organisation.

Staff on occasions supported children and their siblings with their nutritional and hydration needs. Staff told us this could be a packed lunch if going out or food provided at the home environment. Staff demonstrated knowledge of children's specific likes and dislikes, were aware of children who had swallowing difficulties and if a child had a food allergy. Staff had received appropriate food hygiene training.

Staff supported parents to take their children to healthcare appointments, whether these be locally or in London. 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 the discussion with the healthcare professional.

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. Where people live in their own homes, applications to deprive people of their liberty must be made to the Court of Protection.

Staff could demonstrate an understanding of the requirements of the Mental Capacity Act 2005 and what this meant for people using the service. People told us staff always sought their consent prior to providing support.

Is the service caring?

Our findings

Information recorded within the most recent surveys completed by parents, children and young people, demonstrated they were very happy with the service provided by the Rainbow Trust Children's Charity. Parents told us that the support provided by the domiciliary care service made a difference to their and their children's lives. One parent wrote, "[Support worker] is invaluable to us. It makes such a difference having them visit and for hospital appointments. They do a brilliant job at keeping [child name] entertained and supporting us emotionally." Another parent wrote, "[Support worker] has been a great help and support. Some weeks they have made the children's day and week the best. They make them smile, makes them laugh, feel happy and safe. The children know if they are worried or scared about their sibling's illness, they can always talk to [support worker]. [Support worker] has made a huge impact on our family life and it is all positive. I'm truly grateful for all they do and has done for the children and as a family." Children and siblings stated they very much enjoyed the visits by the support worker's, feeling that they always listened to them and made them feel safe. One child wrote, "They [support worker] are silly and stupid, we laugh together." Another child commented that if they had a magic wand they would go out with the support worker every single day.

The service had a strong, person-centred culture and staff developed positive relationships with children and their families. We were unable to observe staff interactions with parents, children and sibling's. However, during our discussions with staff they demonstrated care, kindness and compassion and spoke fondly about the people they supported. Staff spoken with clearly knew the care and support needs of the children and young people they supported and recognised the impact this had on the family. Parents and staff told us support was available for the whole family, for example, enabling parents the opportunity to spend time with their other children who did not have a life limiting or terminal health condition. One parent wrote, "My life is made easier with the service that Rainbow Trust provides, the comfort, support and affection shown to [children's names], is support that I really need. To trust an individual [support worker] to come into your home to look after your sick child takes a lot but [support worker], it's like they are a member of your family. They remain professional, meeting [child's name] and my needs, allowing me to do the things I need to be a mum."

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 who also contacted them by telephone on a regular basis to monitor and review the care and support provided. Relatives told us they had regular contact with their support worker and arranged a convenient time when they were to visit. Relatives told us staff respected their child's or sibling's dignity. They told us that staff were not intrusive and offered support to them, their child or sibling that was provided with dignity and respect. This meant that people were cared for in a way that supported people and showed care and compassion for them.

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. Parents, children and siblings confirmed within the satisfaction questionnaires that they had been involved in decisions about the care and support to be provided and this had been used to develop the support plan. People had been given the opportunity to provide feedback

about the service through the undertaking of reviews at six monthly intervals and from the completion of satisfaction surveys.

Is the service responsive?

Our findings

Parents, children and their siblings received a service which was responsive to their individual needs. One parent told us the service provided by the domiciliary care service was invaluable and staff supported them both at home and to attend hospital appointments with their children. They told us, "I could not do this on my own, particularly when hospital appointments are in London." They told us the staff member who supported them was adaptable to the ever-changing regime of hospital appointments and different locations. Another parent told us, their support worker was very flexible with the support to be provided when they visited, which could include assisting them to bathe their child, reading their child a story, providing activities to the child's siblings, assisting with outings or undertaking housework and shopping. Parents also confirmed support was provided by the support workers to attend multi-agency professional meetings.

A robust referral process was in place and this included an assessment of the child's or young person's and family's support needs. Parents, children and siblings were involved in developing the support to be provided. This demonstrated the service actively empowered people to make choices and to have as much control over their lives as possible. Support plans covered a person's individual circumstances and needs. This included the level of support required and additional duties and tasks to be undertaken by the support worker. Care plans showed the care and support provided did not follow a fixed pattern and support workers asked the parent what support they would like for that visit and provided it. The review of the care plan reflected the fluctuating needs of the family and their ability to cope and where the child or young person's needs changed or healthcare needs had deteriorated. Minor improvements were required to ensure the information recorded provided sufficient information specifically relating to the child which required support and less focus on the child's siblings and family support. The latter was discussed with the registered manager and regional manager. An assurance was provided that a review of people's support plans would be undertaken.

Parents confirmed suitable arrangements were in place to enable their child, young person or sibling to take part in a range of social and leisure activities. This could include specific outings, for example, family fun days to the beach, annual celebration parties at Easter, Halloween and Christmas; and the opportunity to enable support workers to provide individual one-to-one time with the child or sibling undertaking an activity of their choice and interest.

We found that suitable arrangements were in place for people if they had a concern or were not happy with the service provided to them. Guidance on how to make a complaint was given to people when they first started using the service and included the stages and timescales for the process. People spoken with confirmed they knew who to approach if they had any concerns or complaints and were confident these would be taken seriously and addressed. No complaints had been received at the service and people spoken with confirmed they had not had cause to raise any concerns.

Parents told us their children were supported by the domiciliary care service and by support workers who understood their child's life limiting or terminal health condition. The registered manager confirmed that if a

child was referred to a local hospice, the designated support worker worked alongside the hospice for continuity and familiarity. Additionally, the Rainbow Trust Children's Charity liaised with other external bereavement support agencies. Staff confirmed that they received appropriate support and supervision caring for a child or young person at the end of their life and bereavement support and debriefs were available.

Is the service well-led?

Our findings

The domiciliary care service was well-led and managed and parents spoken with made positive comments about the quality of the service provided. One parent told us, "Rainbow Trust is absolutely brilliant, I cannot fault them." Another parent told us, "They [Rainbow Trust] have been great with my children and the support they provide to me, couldn't do it without them." All parents spoken with confirmed they would recommend the service to others without hesitation.

Staff spoke compassionately about the children, young people and the families they supported and it was evident staff enjoyed working at the domiciliary care service and were proud of the care, treatment and support they provided. Staff spoken with stated there was an open, supportive and positive culture that encouraged their views and input. Staff told us they felt able to question practice if necessary and would be encouraged and supported to do so.

It was evident staff were aware of their individual role and responsibilities and the organisations visions and values; the latter being discussed during their induction and at team meetings. The registered manager discussed local operational plans with a national manager as part of their supervision to ensure the service operated in line with the organisation's objectives and in conjunction with their Business Plan. The data was analysed to look at how the findings impacted on people using the service and the staff team. For example, how the service worked in partnership with other organisations and the development of additional community links and new events.

Quality assurance arrangements at the service were effective to evidence what was working well and where improvements were required. Electronic timesheets were monitored to examine how long support workers spend with people using the service. Staff training was monitored during supervision, annual appraisals and at team meetings. 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 and action taken if required. Quarterly audits were completed and submitted to the deputy care director and national managers for review and action. The audits viewed demonstrated the organisation's successes and where improvements were required.

In May 2017 a 'snapshot audit' of the service was completed. Parents, children and professionals were asked to provide a view of the service provided by the Rainbow Trust Children's Charity. The views of 63 parents, 43 children and 45 professionals were received and the findings collated to help the organisation effectively review the quality of the service provided. The outcome of the audit demonstrated 81% of parents rated the service as either 'excellent' or 'good' and 82% of professionals rated the impact of the organisation on families lives as 'excellent' or 'good' and 98% of children liked the service. The rationale provided by children was they enjoyed the support workers company, had someone to talk too and play with, recognised that someone had made time for them and that they were listened to.

As previously stated within the text of the report, the most recent surveys which had yet to be collated, demonstrated people remained extremely happy with the care and support provided to parents, children

and their siblings. Comments included, "[Support worker] has been so good to us. They are very supportive and have made a big difference to our lives" and, "The support we receive is perfect in every area. The whole family are helped. It relieves pressure due to hospital visits, helps with looking after siblings and allows my partner time to earn essential money whilst I have support. We are very grateful for all the help."

Team meetings were held each week on a Friday and all support workers were expected to attend. A clear agenda was in place, for example, to review safeguarding concerns and complaints, referrals, individual children/families, to discuss training needs, to share information and to enable staff to off-load.