

## Rainbow Trust Children's Charity

# Rainbow Trust Children's Charity 10

### Inspection report

The Grayston Centre  
28 Charles Square  
London  
N1 6HT

Tel: 02073244620  
Website: [www.rainbowtrust.org.uk](http://www.rainbowtrust.org.uk)

Date of inspection visit:  
13 September 2016

Date of publication:  
17 November 2016

### 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

We carried out an announced inspection of this service on 13 September 2016. The provider was given 48 hours notice as the registered manager and staff team are frequently out of the office supporting children and their families. The Rainbow Trust Children's Charity is a national organisation that provides emotional and practical support for families who have a child or a young person up to the age of 18 with a life threatening or terminal illness. Rainbow Trust Children's Charity 10 for central London provides services within the boroughs of Camden, City of London, Hackney, Hammersmith and Fulham, Islington, Kensington and Chelsea and Tower Hamlets. The provider is registered for the regulated activity of personal care; however, the delivery of personal care is limited to activities such as supporting a child with toileting at home or during an outing.

Support is provided at family homes and within the wider community, for example at sibling support groups and specialist clinics held at hospital locations. The organisation will provide support at any stage of a child's illness from diagnosis, during treatment and into bereavement. It is a free service but parents will be asked to pay for specific costs, for example children's outings. At the time of the inspection the provider was supporting 40 families, which comprised 20 families that were receiving personal care and support services and other families that primarily participated in social activities for siblings.

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.

Parents informed us that they felt their children were safely supported by staff. Staff had received child protection training and understood how to identify any concerns. An individual care plan had been developed for each child with a life threatening or terminal illness, which demonstrated that the provider effectively worked in partnership with parents, and health and social care professionals. Risks assessments had been carried out to assess the risks to children's safety for one to one care and support, and risks were assessed for group outings and social events.

The provider employed sufficient skilled and experienced staff to meet people's needs. Robust pre-employment checks were conducted before staff were appointed, in order to determine whether staff were suitable to provide personal care and support for children and their families using the service.

Staff received appropriate training, supervision and support to effectively meet the needs of children and their families. Parents and health and social care professionals commented on the knowledgeable, competent and skilled approach of staff. The training included a thorough induction programme and courses that were relevant to the needs of children and their families. Staff were supported through the provision of monthly clinical and non-clinical supervision.

Parents told us that they were supported by compassionate and caring staff, who were kind, respectful and committed to providing a high standard of personal care and support. Parents provided examples of how the staff had responded in a flexible and individual way to the different needs within their families. For example, staff had looked after their other children so that they could take their child to hospital appointments and looked after their child to enable them to spend quality time with the child's siblings.

There were clear systems in place to seek the views of parents and children about the quality of the service. Parents told us they knew how to make a complaint but had not used the complaints procedure as they were very pleased with all aspects of the service.

People received a well-managed service. Parents and health and social care professionals told us how the registered manager ensured that the service consistently delivery compassionate personal care and support. Staff were positive about how they were managed and the support they were given by the registered manager. Systems were in place to audit and monitor the quality of the service.

## 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.

Parents were confident that their children were safe with staff.

Risk management plans were in place to promote safer care and support.

Staff were recruited through robust measures and sufficient staff were employed to meet the needs of children and families using the service.

### Is the service effective?

Good ●

The service was effective.

Children and families were supported by knowledgeable and experienced staff.

Good quality systems were in place to provide staff with useful training, supervision and support.

Families were supported to attend healthcare appointments by staff who liaised well with health and social care professionals.

### Is the service caring?

Good ●

The service was caring.

Parents regarded staff as being compassionate, motivated and committed to their role and responsibilities.

Staff were supported by the provider to develop positive and meaningful relationships with children and their families.

The ethos of the organisation was focused on providing respectful care with dignity and kindness, which was demonstrated by staff.

### Is the service responsive?

Good ●

The service was responsive.

The provider tailored care and support to meet individual needs. Families were encouraged to actively participate in the planning of care and support for their children, and their views were listened to and acted on.

Information was provided about how to make a complaint and people were certain that any complaint would be suitably investigated.

**Is the service well-led?**

**Good** ●

The service was well-led.

Parents, health and social care professionals and staff felt the service was managed in an open, supportive and capable manner.

The registered manager enabled staff to learn and develop within the organisation.

Systems were in place to monitor the quality of the service and make improvements.

# Rainbow Trust Children's Charity 10

## **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 the first inspection of the service since it was registered with the Care Quality Commission on 28 May 2013. The inspection was carried out on 14 September 2016 by one adult social care inspector. The provider was given two days' notice because the location provides personal care and other support in the community; therefore we needed to make sure that someone would be available at the office.

Prior to the inspection visit we looked at information we held about the service. We reviewed any notifications sent to us by the registered manager about significant incidents and events that had occurred at the service, which the provider is required by law to send us. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection visit we spoke with the registered manager. Following our visit to the office, we spoke by telephone with five parents, one volunteer and three family support workers. We looked at a range of records and documents, which included the care plans for four children, three staff recruitment, training and development files, policies and procedures for safeguarding children, the complaints log and quality assurance checks undertaken by the registered manager. We contacted health and social care professionals with knowledge and experience of Rainbow Trust Children's Charity 10 to find out their views about the service and received four responses.

# Is the service safe?

## Our findings

Parents told us they felt their children were safe with staff. Comments from parents included, "[My child] has such a wonderful rapport with [staff member], you can see how [child] trusts him/her and so do I" and "We have been very pleased with how experienced, calm and knowledgeable [staff member] is, he/she has shown such integrity and has such a naturally responsible and mature manner. It is so reassuring."

We noted that the provider had a safeguarding children policy and procedure in place, which staff were familiar with. Staff had received safeguarding training and provided us with detailed information about different types of abuse and how they would respond if they suspected or witnessed abuse. One staff member told us, "I would make sure that I immediately informed my manager and if she was not available, we have been advised to report to the Head of Care. I would make brief written notes as soon as possible so that I could provide an accurate account of my concerns. We have training when we start working here and annual refresher training."

Our discussions with staff demonstrated that they understood the provider's whistleblowing policy and were aware of external organisations they could contact if necessary. Whistleblowing is the term used when a worker passes on information concerning wrongdoings. We noted that the provider's whistleblowing policy did not provide details about external bodies that staff could get in touch with, for example local social services and the Care Quality Commission. The registered manager advised us that the policy was due to be revised.

Families were provided with written guidance about the provider's expectations for professional boundaries, which was contained in the information pack given to parents when they began using the service. For example, it stipulated that staff were not permitted to accept gifts or offers of labour, and were not allowed to invite families to their own homes. This guidance enabled families and staff to understand the provider's good conduct instructions, which had been developed to protect both parties.

Risk assessments had been carried out so that any risks to the safety of children could be identified and appropriately addressed. We noted that the provider's system for assessing risk covered five topics which were personal care, outings, the environment, eating and drinking. Risk management plans were developed if there were any detected risks and they contained guidance about how to mitigate the risks. Systems were in place to advise staff if there were any risks they needed to be aware of, for example any incidences of domestic violence within a household.

The recruitment files showed that the provider had rigorous processes to ensure that staff were safely appointed. A range of checks were performed before new employees began work, which included proof of identity, a minimum of two written references, proof of eligibility to work in the UK and a Disclosure and Barring Service (DBS) check. The DBS check assists employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. We noted that occupational and academic references had letterheads and company stamps, and actions were taken to verify the authenticity of references. The registered manager informed us that all newly appointed staff were

subject to a six month probationary period before their permanent employment was confirmed, which enabled the provider to conclude about whether staff were suitable to work with children and families who use the service.

The team consisted of the registered manager and three support staff. Additional support was provided by four volunteers, who usually assisted at the monthly social events but did not provide personal care. Staff told us they discussed their caseload with the registered manager at their monthly supervision meeting and felt that they had a manageable level of work. In addition to the support provided to children and families in their own homes and at support events, staff members also regularly attended specialist paediatric clinics at three London hospitals in order to provide families with information, advice and support. One health and social care professional told us that they were impressed at how promptly the provider responded to referrals and another professional stated that the registered manager offered high levels of valuable staff support to families in crisis.

The provider had a comprehensively written medicines policy in place and records showed that staff had received medicines training. The registered manager informed us that when family support workers looked after a child with a life threatening or terminal illness, a parent was always present and took responsibility for supporting their child to take their medicines. However, family support workers could support siblings to take prescribed medicines if required, for example if a family support worker took a sibling to a local play centre so that the parents could focus on caring for their child with health care needs.

Parents were provided with written information about how to contact the service in non-urgent and emergency situations. They were supplied with the work mobile telephone number for their allocated family support worker, who could be reached from 8am to 6pm, Monday to Friday. Parents were advised that they could leave a message if it was a non-urgent matter, on the understanding that the staff member would respond on the following working day. An on-call manager was available to respond to parents in the evening or at the weekend.

# Is the service effective?

## Our findings

Staff were experienced and well qualified, which was commented on by parents and professionals. Parents frequently remarked that the family support workers were "fantastic", "amazing" and "wonderful." One parent told us, "They are really good, professional and friendly" and another parent said, "I think the service is exceptional. We feel strongly that we are so fortunate to have [family support worker]. He/she brings unique skills and shares his/her wealth of experience." Health and social care professionals told us that they had observed how staff had worked well with children and their families, and provided people with support to cope at very difficult times.

Staff told us they were provided with appropriate training and support to meet the complex needs of children and their families using the service. We noted that staff undertook an induction programme when they commenced employment at the service. A recently appointed staff member told us about their induction programme which included an introduction to policies and procedures, record keeping and information to understand how the service operated. The staff member informed us that arrangements were made for them to attend mandatory training as soon as possible, for example moving and positioning, first aid, infection prevention and control, food hygiene and safeguarding children. This was confirmed by their training records.

We noted that staff were offered opportunities to attend training that was tailored to their specific role at the service. A family support worker told us their role was funded by a separate charitable foundation and was focused on the needs of children with life threatening and terminal illness due to respiratory conditions. The staff member told us they had been supported to receive training and attend respiratory care conferences in order to increase their knowledge and understanding of the specific support needs for children and their families. The family support worker told us they felt well supported by the provider with their learning and development, and had been supported to present their own research at a conference. Another family support worker told us they had a special interest in bereavement and we had noted on their training record they had a wide range of relevant training and qualifications in this field. We spoke with one of the provider's volunteers about their role, training and support. The volunteer confirmed the provider had organised appropriate induction training for them, which had included safeguarding children. They were otherwise employed as a health and social care professional within a statutory organisation, which meant that some of their training at work was transferable to their voluntary work.

Records demonstrated that staff were supported by monthly formal one to one supervision and an annual appraisal with the registered manager. Additionally they received monthly clinical supervision, which was provided by an external professional with qualifications in counselling. We looked at examples of supervision provided by the registered manager and found that it was thorough and detailed. The registered manager told us that the externally sourced clinical supervision was purchased by the provider and staff could seek an external clinical supervisor of their own choice. Discussions with staff confirmed that they felt the clinical supervisor's specialist knowledge meant that the sessions were very beneficial.

Our discussions with the registered manager confirmed that they understood the Mental Capacity Act 2005

(MCA) and were aware of the actions they would need to take in the event of a young person being referred to the service who needed an assessment of their mental capacity. Parents told us they were provided with written information about the service during the initial assessment visit to their home and were asked to sign their consent for Rainbow Trust Children's Charity 10 to provide services.

Staff informed us that they sometimes provided children with assistance with eating and drinking. We noted in the care plan records that staff might assist a child with a snack or a bottle of milk when providing care at the family home; however, a parent would always be present. Other support was given to siblings on outings, for example trips to park cafés. The care plans provided staff with essential information about any allergies, food preferences and required techniques for supporting children to eat and drink. The registered manager told us that at the time of the inspection no children or young people required care from family support workers for any specific invasive procedures, for example feeding via a percutaneous endoscopic gastrostomy tube (PEG). This is a feeding tube inserted into the stomach through the abdomen, used to supply nutrition (and water and medicines if necessary) when there are difficulties with feeding. The provider's policy specified that any staff undertaking such procedures received training from the child's community nursing team and staff were subject to at least one re-assessment each year to ensure they maintained the standards required by the external nursing professionals.

Parents said they were supported by the provider in flexible emotional and practical ways in relation to their child's healthcare needs. For example, one parent told us that a staff member used to attend hospital appointments with them and look after the siblings so that the parent could entirely focus on supporting their child with health care needs to attend diagnostic tests and medical consultations. A staff member told us that they went regularly to a hospital when a child was an inpatient and stayed with the child for a few hours so that a resident parent could get a short break and spend time with their other children. We received very positive feedback from health and social care professionals about the quality of support staff had provided to families who used inpatient services, outpatient clinics and therapeutic support groups.

## Is the service caring?

### Our findings

Parents told us that staff were kind and caring. One parent said, "They are great listeners and I feel I can emotionally burden them. They listen with such compassion and it helps me as I don't have many relatives that I can talk to." Other comments included, "It is wonderful psychological support from such well trained staff that understand this emotional journey" and "I would recommend 100%. They go out of their way to help me and their input is helping the whole family." We noted from our discussions with parents that the provider attempted to match families with staff. Parents provided examples of how the family support worker fitted in well with their family dynamics, including shared social interests. One health and social care professional told us they were in a position to closely observe how staff interacted with parents and children within a hospital setting and praised the caring and thoughtful manner that staff always demonstrated.

Staff told us that they enjoyed their opportunities to develop positive relationships with the children and parents allocated to them. We noted from our discussions with staff and through looking at recruitment records that the provider appointed family support workers with clear backgrounds of working in professional roles with families that are experiencing very difficult circumstances. Staff explained to us that their training and experience enabled them to work in a non-judgemental way and ensure they appropriately maintained confidentiality.

Training records showed that staff were provided with guidance about how to make sure that the dignity and privacy of children was always maintained. Staff told us they understood about the importance of making sure that children were supported in a respectful way during the delivery of personal care for washing, dressing and toileting. For example, staff made sure that a child was not on view to other people if they were being supported to use public toilets on an outing.

Parents stated that the registered manager and staff had provided them with useful information about advocacy and support groups, so that they could seek additional forms of support if they wished to. We noted that the provider also produced short pamphlets and booklets for children and young people so that they could learn more about how the service could meet their needs. A professional told us that the provider was particularly good at signposting parents to other organisations and charities that could offer additional types of practical and emotional support.

The registered manager explained to us that absolute priority for care was given to referrals for families where the child's death was imminent, which was stated in the service user guide given to all families. The provider offered families individual assistance, for example staff supported families to discuss options for end of life care, offered increased visits, helped families to make funeral plans and provided ongoing bereavement support for as long as required.

## Is the service responsive?

### Our findings

Parents told us they received a responsive service which combined a useful mixture of practical and emotional support. Comments from parents included, "I wish all families experiencing this type of challenge could benefit from a service like this, the quality is better than we could ever have hoped for. There are other services out there that provide counselling, but Rainbow come in and gives very practical assistance too" and "I feel as if I have someone on my side now to help me. They have told me of all the things they can do to help us and the whole family can take part in their family fun days. They will do some housework and the laundry so that I can spend time with the children." One parent told us that a family support worker accompanied them to their child's hospital appointments, which provided emotional support when speaking with medical and healthcare professionals, and a sympathetic adult listener afterwards. Professionals told us that the service promptly responded when they made a referral on behalf of a family and offered a service that was uniquely tailored to the individual needs of families. The provider's Service User Guide stated that they responded to urgent situations within 24 hours of receiving a referral.

The registered manager informed us that parents could directly contact the provider and request an assessment, or referrals could be made by relatives and friends, or health and social care professionals, as long as the proposed referral had been discussed with the parents and they consented. The care plans we viewed showed that the care and support for each family was planned with parents and took into account the needs and wishes of children, for example preferred food, hobbies and sporting interests, in addition to any personal care requirements. Each care plan demonstrated that families were supported by the provider to identify what type of support they believed would be most beneficial to their own circumstances and took into account the needs of children and young people with healthcare needs, siblings and parents.

The provider's model for assessment, care planning and reviewing incorporated an "outcomes" system, which empowered parents to choose a numerical score in relation to their practical needs and emotional wellbeing. The care plans were reviewed every six months or more frequently if required and included opportunities for parents to reconsider their previously chosen scores. We noted that parents confirmed that positive improvements had been achieved through the support given by the provider.

A family support worker told us about their specialist role supporting siblings. They consulted with parents and children in order to find out how they wished to be supported. For example, the provider had arranged a family picnic at the Olympic Park during the summer and we looked at the feedback from parents and children. Some children had written their comments, drawn pictures or coloured in a survey with a smiley face rating, which showed whether their response was negative, neutral or positive. The support worker told us that in addition to individual work with families and support forums for siblings, the group outings were seen as occasions for fun and relaxation, and developing friendships with children that understood their family circumstances. At the time of the inspection arrangements were in place for an October half-term trip to a well-known family museum for curiosities, interactive displays and unusual historical artefacts, and the Christmas party was being planned.

Parents told us they had been given written information about how to make a complaint and confirmed

they did not have any concerns or complaints about the quality of the service. Parents said they were confident that the registered manager would respond to any complaints in an open and professional manner. The provider issued families with a 'compliments, comments and complaints' pamphlet which contained information about how to make a complaint, either verbally or in writing. The pamphlet advised parents to initially inform their family support worker or the registered manager about their complaint but they could directly inform the provider's complaints manager if they felt it was more appropriate to do so.

# Is the service well-led?

## Our findings

Parents told us they thought the service was well managed. Comments from parents included, "It all seems so organised" and "I found [registered manager] very helpful and approachable." Staff stated they felt well supported by the registered manager and liked the 'open door' policy. One staff member said, "There is so much training, supervision and support, I feel I am fully supported for my role. I know that I can contact the manager for advice, I don't have to wait until my next supervision." One health and social care professional told us the registered manager demonstrated good leadership skills and ensured that staff consistently provided a high standard of care and support.

Staff told us the provider sought their opinions about the quality of the service at their one to one supervisions, team meetings and staff surveys. Staff expressed that they felt listened to and valued by the registered manager and more senior personnel within the organisation. We looked at a sample of the minutes from recent staff meetings which showed that the registered manager shared information and enabled staff to give their views about any proposed changes to how the service was operated. Team meetings were held once a week which meant that staff had regular opportunities to speak with their peers and line manager in a supportive environment about some of the complex and challenging work they were involved in. Staff were supported by the provider's lone working policy which stipulated that the registered manager and staff had daily contact by telephone if staff were working in community settings. Personal safety training was provided by a reputable organisation.

We noted there were clear opportunities for staff to professionally develop within Rainbow Trust's Children's Charity, through coaching and mentoring schemes. For example, family support workers could shadow employees that worked in other teams, for example marketing or fundraising, so that they could broaden their knowledge about different aspects of providing the service. Staff told us they attended a conference once a year organised by the provider, which enabled them to meet with the Chief Executive and senior management and learn more about the provider's vision and values. Staff were familiar with the organisation's business plan and felt consulted about future developments.

Parents told us they were regularly asked for their feedback about the quality of the service and what improvements could be made. The registered manager told us that the provider took feedback seriously and endeavoured to act on people's views. For example, the provider had received feedback in the past about the need to increase the services provided to siblings. The provider had created a support group called 'Me Too' and was involved in academic research projects to find ways to better respond to the difficulties encountered by siblings.

The registered manager said that she implemented different methods to check that families were being provided with a high standard of care, which included spot checks on approximately six care plans each month and through attending care planning review meetings with people and their allocated family support worker. The registered manager also attended family days out and telephoned parents so that she could monitor their satisfaction with the service. Staff recorded each week their visits to families and other support they provided, which enabled the registered manager to monitor that parents and children received

sufficient support and appropriate time management practices were in place. The registered manager explained that she used this information to help support staff to manage their workloads and ensure that time was reserved for record keeping and other administrative duties.

The registered manager was aware of the need to notify the Care Quality Commission of important changes, incidents and events at the service, as required by legislation. Systems were in place to record and monitor incidences and accidents so that any trends could be identified and addressed.