Derian House Childrens Hospice

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Outstanding ☆
Are services responsive?	Outstanding ☆
Are services well-led?	Outstanding ☆

Overall summary

Derian House Children's Hospice provides services for children and young people from across the North West of England with life limiting or life-threatening conditions. The hospice is set in its own grounds and provides accommodation in the main house and the adjacent lodge. At the time of inspection, the hospice was being refurbished to create facilities which were fit for the ever-changing needs of children and young people now and in the future. The main house was closed for respite during the refurbishment, but the lodge remained open. The service had reduced capacity to four beds to be able to continue providing respite with end of life care in a safe

Summary of findings

and efficient manner. Following refurbishment, the hospice will have 10 single patient rooms, one end of life care suite with a family lounge attached and five fully accessible en-suite family apartments.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on the 19 and 20 September 2019, along with an announced visit with the Derian at Home team on the 7 October 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we rate

Our rating of this service improved. We rated it as **Outstanding** overall.

We found outstanding practice in relation to the hospice:

- Staff and management were fully committed to the visible person-centred approach. They all used creative ways to make sure that children and young people had accessible, tailored and inclusive methods of communication.
- Staff always treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and proactively took account of their individual needs.
- The service had a strong, visible person-centred culture that was exceptional at helping staff, patients and their families express their views so that they understood things from their point of view.
- Staff were highly motivated and inspired to offer care that was kind and compassionate. Bereavement services were tailored to individual needs and were provided over a significant period after death.
- The service had a holistic approach to supporting patients, families and carers to minimise their distress. Patients were treated as individuals and staff understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Staff and management were fully committed to the visible person-centred approach.
- Children, young people and their families' needs were at the heart of all services planned and delivered by the service. The service worked with others in the wider system and local organisations to plan and deliver patient-centred care.
- The service was wholly inclusive and took account of the totality of children, young people and their families individual needs and preferences. Staff made reasonable adjustments to help patients access services. They proactively coordinated care with other services and providers.
- Children and young people's care were planned proactively in partnership with them and their families. Staff used innovative and individual ways of involving them so that they felt consulted, empowered, listened to and valued.
- Professionals from external services stated that the hospice was focused on providing a happy and fun environment. The implementation of the hospice values was achieving excellent feedback and was to be presented nationally.
- The service was flexible and responsive to children, young people and their family's needs. The service used innovative ways to support people in the community when they were not with them. Where required, there was a rapid response to peoples changing care needs and advice on care and support was available 24 hours per day, seven days per week.
- Children, young people and their families were encouraged to give their views and raise concerns or complaints. Feedback was valued, and service users felt that the responses to the matters raised were dealt with in an open, transparent and honest way.

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- Leaders were committed and passionate about patient care and provided a high-quality sustainable service. They had the skills and abilities to run the service and clearly understood and managed the priorities and issues the service faced. Leaders were visible and approachable for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had an imaginative and child-centred vision and a clear strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

  There was a strong emphasis on continually striving to improve. Managers recognised, promoted and regularly implemented innovative systems to provide a high-quality service. Management found innovative and creative ways to enable people to be empowered and voice their opinions.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff reported that the culture of the service had improved since the last inspection. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- Leaders and staff actively and openly engaged with patients, staff, the public and a wide range of local organisations to plan and manage services. The views of patients and stakeholders were considered before changes were made and they collaborated with partner organisations to help improve services for patients.
- The service was focussed on service improvement and sharing best practice externally. All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. The service worked in partnership with other organisations to make sure that they were following current practice and providing a high-quality sustainable service. They strived for excellence through consultation, research and reflective practice. They also showed how they would sustain outstanding practice and improvements over time.

We also found good practice in relation to the hospice:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff supported children and young people to make informed decisions about their care and treatment. They followed national guidance to gain patients consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Anne Ford

Deputy Chief Inspector of Hospitals (North)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Hospice services for children	**Outstanding** ☆	We rated this service as outstanding overall because we rated caring, responsive and well-led as outstanding. We rated safe and effective as good.

Summary of findings

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Background to Derian House Childrens Hospice

Derian House Children's Hospice opened in 1993. The hospice provides services for children and young people with life limiting and life-threatening conditions. The hospice covers a wide geographical area including, Chorley, Preston, South Ribble, South Lakes, Fylde Coast, Wigan, Bolton, Rochdale, Blackburn, Burnley and Salford. The service provides 24 hours a day, seven days a week end of life care support. Care consists of approximately 80% respite and 20% end of life care.

The following services are provided at the hospice:

- Respite and end of life care in the hospice and the community
- Bereavement services
- Sunflower care
- Perinatal service
- Family day care
- Family support
- Derian at Home
- Music therapy
- Siblings support
- Transition services

The hospice also has a comprehensive clinical education programme with a clinical skills laboratory offering practical hands on opportunities for training. It also provides families the ability to take their whole family on a short break through Derian on Holiday.

The hospice registered manager has been in post since 21 December 2016.

We last inspected the service in October 2017 and it was rated as requires improvement overall. The provider in 2017 was in breach of Regulation 11 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches had now been actioned and resolved.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, and a specialist advisor with expertise in paediatric nursing. The inspection team was overseen by Judith Connor, Head of Hospital Inspections.

Information about Derian House Childrens Hospice

The hospice is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

During the inspection, we visited the inpatient unit, the day therapy services and attended one home visit with two members of the of Derian at Home care team. We spoke with 24 members of staff including registered nurses, clinical support workers, reception staff, housekeeping, facilities staff and senior managers. We carried out one focus group with staff and spoke with one patient and 10 relatives. During our inspection, we reviewed 10 sets of patient records.

There were no special reviews or investigations of the hospice ongoing by the CQC at any time during the 12 months before this inspection.

Activity (number of patients who used the service) for the period June 2018 to May 2019:

- Children 0 to 3 years: 104

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- Children 4 to 12 years: 149
- Children 13 to 17 years: 85
- Adults 18 to 65 years: 51
- Adults above 65 years: 0

Activity (number of patients who were referred from various sources) for the period July 2018 to August 2019

- Children's Community Nurse: 43
- Consultant Paediatrician: 22
- Health Visitor: 13
- Hospice/Specialist Palliative Care Unit: 5
- Hospital Doctor: 15
- Local Authority - Social Services: 12
- Relative or Friend: 31
- Self Referral: 3
- Social Worker: 11
- Specialist Nurse: 35

The accountable officer for controlled drugs (CDs) was the registered manager.

Track record on safety

- Zero never events
- Zero serious incidents
- Zero incidence of hospice acquired methicillin-resistant Staphylococcus aureus (MRSA)
- Zero incidence of hospice acquired methicillin-sensitive Staphylococcus aureus (MSSA)
- Zero incidence of hospice acquired E-Coli
- Zero incidence of hospice acquired Clostridium difficile (c-diff)
- Three complaints
- Numerous compliments, however these were not recorded due to the large numbers received via various sources, such as social media, Derian on Holiday service, general thank you' s from families and recognition from external groups such as the Child Death Overview Panel.

Services provided at the hospice under service level agreement:

- Maintenance of medical equipment
- Pharmacy services provided by Lancashire Teaching Hospitals Trust.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

Our rating of safe improved. We rated it as **Good** because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, legible, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave families honest information and suitable support. Managers ensured that actions from patient's safety alerts were implemented and monitored.

However,

- Not all care plans were consistently recorded, although new care plans were being implemented at the time of our inspection.
- Medicine's management audits had identified areas for improvement including in record keeping.

Are services effective?

Good

Our rating of effective improved. We rated it as **Good** because:

Summary of this inspection

- The service provided care and treatment based on national guidance and evidenced-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Key services were available seven days per week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported children and young people to make informed decisions about their care and treatment. They followed national guidance to gain patients consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Are services caring?

Outstanding ☆

Our rating of caring improved. We rated it as **Outstanding** because:

- Staff always treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and proactively took account of their individual needs.
- The service had a strong, visible person-centred culture and was exceptional in helping people to express their views so that they understood things from their point of view. Staff and management were fully committed to this approach and found innovative ways to make it a reality for each child or young person using the service.
- The service had a holistic approach to supporting patients, families and carers to minimise their distress. Patients were treated as individuals and staff understood patients' personal, cultural and religious needs.

Summary of this inspection

- Staff understood that the children and young person's emotional needs were as important as their physical needs. We saw staff going the extra mile in the care and support of children, young people and their families.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Staff and management were fully committed to the visible person-centred approach. They all used creative ways to make sure that children and young people had accessible, tailored and inclusive methods of communication.
- The service had a visible patient-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted children and young person's dignity and independence where possible.

Are services responsive?

Outstanding ☆

Our rating of responsive improved. We rated it as **Outstanding** because:

- Children, young people and their families' needs were at the heart of all services planned and delivered by the service. The service worked with others in the wider system and local organisations to plan and a deliver a patient-centred care.
- The service took a key role in the local community and was actively involved in building links. Children, young people and their families were encouraged and supported to engage with services and events that had a positive impact on their quality of life. Input from other services and support networks were encouraged and sustained.
- The service was wholly inclusive and took account of the totality of children, young people and their families individual needs and preferences. Staff made reasonable adjustments to help patients access services. They proactively coordinated care with other services and providers.
- The service was flexible and responsive to children and young people's individual needs and preferences, finding creative ways to enable children and young people to live as full a life as possible. The service used innovative ways to support the children and young people in the community when they were not with them. Where required, there was a rapid response to children and young people's changing care needs and advice on care and support was available 24 hours per day, seven days per week.
- People could access the service when they needed it and received the right care in a timely way.

Summary of this inspection

- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Are services well-led?

Outstanding 

Our rating of well-led improved. We rated it as **Outstanding** because:

- Leaders were committed and passionate about patient care and provided a high-quality sustainable service. They had the skills and abilities to run the service and clearly understood and managed the priorities and issues the service faced. Leaders were visible and approachable for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had an imaginative and child-centred vision and a clear strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff reported that the culture of the service had improved since the last inspection. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Summary of this inspection

- There were consistently high levels of constructive engagement with patients, staff, equality groups, the public and a wide range of local organisations to plan and manage services. The views of patients and stakeholders were considered before changes were made and they collaborated with partner organisations to help improve services for patients.
- The service was focussed on continually improving services and sharing best practice externally. The service proactively sought add and embedded new and more sustainable models of care. All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.
- The service worked in partnership with other organisations to make sure that they were following current practice and providing a high-quality sustainable service. They strived for excellence through consultation, research and reflective practice. They also showed how they would sustain outstanding practice and improvements over time.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Hospice services for children	Good	Good	Outstanding	Outstanding	Outstanding	Outstanding
Overall	Good	Good	Outstanding	Outstanding	Outstanding	Outstanding

Outstanding

Hospice services for children

Safe	Good
Effective	Good
Caring	Outstanding
Responsive	Outstanding
Well-led	Outstanding

Are hospice services for children safe?

Good

Our rating of safe improved. We rated it as **good.**

Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- The service operated a full mandatory and statutory training programme for staff. This ensured relevant knowledge and competence was maintained and updated throughout their employment within the organisation.
- Mandatory training for all staff included, equality and diversity, health and safety at work, conflict resolution, infection prevention and control, manual handling, basic life support and intermediate life support for paediatrics and adults. Out of a total of 75 staff members, 86% were compliant. The remaining 14% were booked onto the next training or off on annual, maternity or sickness leave.
- There was a structured induction programme for staff to ensure they had the skills needed for their roles.

Safeguarding

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.**
- The service had two safeguarding leads. Mandatory training included safeguarding training. All staff were 100% compliant for safeguarding adults and children, level one and level two. This was in line with the standards set out by the intercollegiate document, Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (2019).
- Volunteers within the service undertook face-to-face safeguarding training as part of their induction.
- Staff we spoke with confirmed that they had received safeguarding training and knew how to recognise abuse and neglect. Flowcharts and contact numbers were displayed for staff on how to raise a safeguarding concern.
- There was a safeguarding children, young people and vulnerable adults at risk policy in place. However, this was a combined policy and best practice suggests that these should be separate and clearly define the different legislation applicable to adults and children. We spoke to the safeguarding lead and found the clinical commissioner group (CCG) recommended combining the policy.
- The service had a safeguarding children, young people and vulnerable adults at risk policy and a one-page policy profile for safeguarding children, young people and adults. The one-page policy profile displayed legislation and guidance, who the team leaders and champions were, what types of abuse and what to do if you had a concern. Staff we spoke with welcomed this page as it was a quick and easy resource to follow.

- Staff told us safety was paramount in the hospice and the recruitment and induction of volunteers and staff was structured. Disclosure and Barring Service (DBS) certificates and checks were all in date.
- There had been no reportable safeguarding incidents within the service for the period June 2018 to June 2019.
- We were given an example of a recent safeguarding concern. A multidisciplinary meeting was held, and a decision made for a care package to be implemented. This was recorded using a dedicated safeguarding form which was used to flag any safeguarding concerns, this was then shared with relevant persons and filed in the social care documents section in the patients notes. A flagging system was implemented on the outside of the patients notes so that all who accessed the notes would see that there was or had been a safeguarding concern.

Cleanliness, infection control and hygiene

- **The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.**
- The service had an infection prevention and control policy, which was version controlled and in date. The policy referenced up-to-date guidance and current legislation.
- The service had an infection prevention and control lead. We reviewed the annual infection prevention and control audit that was carried out in January 2019. Results demonstrated that for three shifts in January 2019, the lodge treatment room was not cleaned on every shift and one day in January 2019 the room temperature and the fridge temperature in the lodge had not been checked. Actions were noted, and lessons learnt were shared verbally responsible staff and shared also via emails and team meetings to all members of staff.
- We reviewed the infection, prevention and control monthly audits and noted that compliance was 100%. However, one item of food had not been labelled in the fridge in August 2018; actions had been put in place and lessons learnt shared for all staff.
- Monthly, weekly and daily cleaning schedules and audits demonstrated that all areas of the service were cleaned as required. We noted that the service was currently using all the lodge documents for infection prevention and control due to the refurbishment of the hospice. All were signed and dated.
- The service undertook monthly hand hygiene audits. We reviewed three audits for May, June and July 2019; all demonstrated 100% compliance and were in line with the service's hand hygiene policy. However, we noted that on two of the audits, one member of staff had not used soap before starting an aseptic procedure and two members of staff did not use gel before starting an aseptic procedure. Staff were reminded of their responsibilities and competencies were re-assessed.
- The clinical areas had dedicated hand washing facilities. Staff had access to hand gel sanitisers, disposable wipes for cleaning of surfaces in clinical rooms and inpatient bedrooms.
- We observed staff adhering to arms bare below the elbows when delivering patient care. Personal protective equipment, such as aprons and gloves were used when required.
- We observed a uniform audit that had been carried out on 42 members of staff in June 2019. Results demonstrated that one member of staff did not have an identity badge (ID) on their uniform and two members of staff did not have their nails cut short. All staff members were reminded verbally and by email of the uniform policy.
- Clinical areas had flooring which was washable and compliant with the Department of Health building note (HBN 00-10).
- Cleaning materials were stored in a locked cupboard. This complied with the Control of Substances Hazardous to Health Regulations (2002).
- An agreement was in place between the service and the local NHS hospital for laundry services as the current laundry room was under refurbishment. When the refurbishment was complete, the service would continue to provide laundry facilities for any in-house family to ensure that all their needs were taken care of.

Environment and equipment

- **The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.**
- We were provided with the plans of the new refurbishment. This demonstrated a more appropriate environment for both patients, families and staff which included an end of life care suite and improved bathroom facilities. The plans reflected the establishment of one new sunflower room and two newly refurbished sunflower rooms. These were for children who had died and waiting for their funerals. The plans also included new lounge areas, reflection rooms, a 'relax and refresh area' and a snug.
- Before refurbishment, there were five flats in the hospice for families to stay in. Following refurbishment, there would be six fully accessible flats, five with en-suites.
- A clinical skills laboratory which offered a supportive environment for staff to develop the knowledge and skills needed to look after children with complex needs was being refurbished. The new refurbishment included simulation equipment such as ventilation equipment for children and young people as well as other training resources relevant to the services provided by the hospice.
- Maintenance records for small and large pieces of equipment were all up-to-date. We saw a maintenance programme with dates of servicing and next review dates documented. A facilities manager was employed in the service; we saw an audit management system which incorporated an alert system and monthly reports were completed and presented to senior management to monitor progress.
- Syringe drivers were serviced by the local NHS trust and we saw that a service level agreement was in place, dated and signed.
- Call bells were accessible for patients in their rooms to alert staff if a patient required assistance.
- The service had appropriate arrangements for the management of sharps and clinical waste. Arrangements for storing, classifying and labelling clinical waste kept patients and staff safe.
- In the lodge, rise and fall kitchen units and rise and fall sink units were installed to promote the independence of service users.

Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.**
- Staff could access medical review 24 hours a day, seven days per week if required. The inpatient service was staffed by registered learning disability, adult and children nurses who could call on doctors and consultants to provide specialist input as needed.
- Care plans were individualised to cover the psychological as well as the physical needs of patients.
- All children and young people had their own personal evacuation plan.
- A nurse from the hospice would carry out a home visit prior to admission to write an assessment and care plan.
- A sunflower sign was placed on the doors to alert staff and families that a child was resting with them.
- New risk assessments were completed for each patient on every respite stay they attended.
- Daily huddles were carried out to discuss any areas of concern or issues.
- A defibrillator was located near the main door at the lodge. Daily checks were completed on every night shift, however we noted that equipment checks were omitted for four nights in April 2019 and for four nights in June 2019. Team leaders were aware of this and staff had been reminded verbally and via email to carry out the checks as per the service policy.
- An anaphylaxis emergency box was kept in the treatment room. This box was sealed with a tamper proof seal and was checked every Sunday evening. All checks were dated and signed.
- Staff we spoke with told us how they would deal with any emergency or unplanned transfer of a sick child or young person. They told us that they would follow the

'spotting a sick child' training that had been provided in the service. Notes and records would be photocopied to allow safe transfer and handover of care.

- Sepsis champions and sepsis posters were displayed in the lodge. Study days, awareness training and sepsis e-learning modules were available for staff to attend and complete. All clinical staff had completed this training.

Nurse staffing

- **The service had enough nursing staff and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.**
- Nursing and clinical support workers told us that they felt that staffing levels were appropriate, and that they had time to give compassionate care.
- We saw that from April 2019, clinical support workers were staffed to give one to one care with support on the shift from two supernumerary registered general nurses. In addition to these shifts, there were three trainee advanced clinical practitioners and four team leaders available for support when required.
- Bank staff was used at times if required. Derian House had their own bank of staff consisting of current and ex staff.
- Agency workers were only used within the hospice in catering and short-term administration solutions. Within catering, agency workers were subject to a full health and safety induction and they had to hold a valid food hygiene certificate.
- Planning for staff was completed every Monday. Skill mix, experience and competencies completed were all considered when planning the shifts. The service was awaiting an electronic system to be implemented; the system was installed at the time of inspection but was not currently being used as the service was waiting on all human resources and competencies of staff to be uploaded before the system could be used. Staff we spoke with were eager to get the electronic rostering system up and running so that they could have more control over the choice of shifts they wanted.
- At the time of inspection, the service was currently overstaffed due to the refurbishment of the hospice. Staff told us that this was a great opportunity to upskill staff with additional training and development needs and utilise shadowing opportunities.
- Patient care was also supported by a wider team including therapists and play and activities staff.
- The service ensured there were two registered learning disability, adult and children nurses on every shift. In addition to this, staff had access to senior nurses who were the team leaders and an on-call manager in and out of hours to escalate any staffing concerns that arose.
- We saw that the planned levels of staffing matched the actual staffing levels on the days of our inspection and there was a strong skill mix amongst the nursing team.
- Vacancy rates for the period June 2018 to June 2019 were reviewed which demonstrated that there was one full time equivalent (FTE) vacancy for a Derian at Home nurse, eight FTE vacancies for clinical support workers and three FTE vacancies for advanced nurse practitioners. At the time of inspection, the posts had been filled.
- The service had recently held an assessment day and changed the recruitment process to reflect Derian House values.
- For the period March 2018 to May 2019, sickness rates as a percentage was; registered nurses 4.7%, non-registered staff 2.3% and support functions 3.2%.
- The Derian at Home nursing team did not have individual caseloads due to the small number of children and therefore worked as a unified team. This was facilitated by a communication sheet that was updated daily to inform staff of any changes with the children and young people.
- There was always a specialist community nurse on call for patients in the community. Should the nurse need further advice, they would contact the on-call doctor directly.

- The service had introduced the role of advanced clinical practitioner that would enhance their medical model. Three nurses had been employed internally for these roles. In addition to this, the service planned to introduce non-medical prescribing for the advanced nurse practitioner roles.

Medical staffing

- **The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.**
- Four contracted GP's provided 24-hour cover, 365 days per year. As part of their responsibilities, the GP's attended the hospice daily to review the children and young people who were in for respite care.
- The children and young peoples' named consultants could be contacted directly when required.
- Specialist palliative consultants based at the tertiary centres could be contacted for support when necessary.

Records

- **Staff kept detailed records of patients' care and treatment. Records were clear, legible, stored securely and easily available to all staff providing care.**
- Patient records were stored securely in a locked office on the first floor of the lodge. Management were currently working co-productively with staff to introduce an electronic patient records system which would allow them to communicate with those involved with the child or young person in the community in a more efficient manner, this would ensure that the service had the most up-to-date information.
- We reviewed ten patient care records. The records contained detailed person-centred care plans, which clearly identified patients' emotional, social and spiritual needs alongside their physical health needs. Patients individual care records were written and managed effectively to keep people safe.
- Staff completed care plans and we saw that they recorded when care was carried out in line with the care plan. We noted that in three records the care plans were inconsistently recorded, some care plans had information crossed out with no explanation written and some records were not always constant in documenting actions taken. We raised this with management and were shown new care plans that were awaiting staff and management consultation. The new care plans were being implemented following feedback from staff on the hospital passport system and feedback received from the family forum.
- Individual care plans took account of symptom control, psychological, social and spiritual support and we saw evidence of discussion with patients and their families recorded in care plans. This gave us assurance that care plans were agreed and developed with the consent of the patient, families and carers.
- Staff could access patient specific information from the care plan which included information on communication, psychological and mental health needs and end of life care. All care records contained a 'getting to know me' document that detailed the patients' needs and preferences and took account of any additional needs such as emotional and behavioural needs. This was completed in all the care records that we reviewed.
- We saw that seizures were documented clearly, and plans were in place on how to manage them effectively. We also saw good documentation on skin maps.
- We reviewed ten 'All about my day' care plans. Three of these were not dated or signed. This was raised at the time of inspection.

Medicines

- **The service used systems and processes to safely prescribe, administer, record and store medicines.**
- The service had a service level agreement in place with the local NHS hospital for pharmacy support. This was signed and in date. We saw that a pharmacy check was carried out twice a week by the local NHS

pharmacy department. Controlled drugs were disposed of as per the service medicines policy and all drugs that had been disposed of were signed and dated by two registered nurses.

- Daily controlled drug checks and weekly stock medicine checks were completed. All were signed and dated. We selected a random sample of medicines, all were stored chronologically, had the right amounts as documented and were in date. Staff told us that if there was a discrepancy, an incident form would be completed, and the team leader or on-call manager informed. Keys to the medicines and controlled drugs cupboard were handed over as part of the handover process.
- Environmental and fridge temperatures were checked daily. All were in range. Three dates in June 2019 were not documented. This was raised at the time of inspection.
- The service had a lead nurse who was responsible for the safe and secure handling of medicines. Medicines were stored safely and securely, in locked medicine cupboards within clinical treatment rooms. There was a system to check that all medicines were within date and suitable to use. We reviewed three medicines storage audits; all were compliant. However, in June 2019 it identified that there were three days where the temperature was not recorded. Actions had been put in place and improvements seen since actions implemented.
- There were medicines available for use in an emergency and these were checked regularly. Medicines that required cold storage were kept in a refrigerator within recommended temperature ranges, and this was monitored regularly.
- Staff had access to current references to ensure the correct and safe administration of medicines was always carried out.
- We reviewed a medicines audit in February and May 2019. Themes that were identified from this demonstrated that large volumes of medicines charts did not have GP details written on them, allergies were not written in red ink, weights were not documented, and no GP signatures were evident. Actions were in place with timeframes for completion. However, we raised this with management as the same themes were continuing to occur. We were provided post inspection, a medicines audit that had been carried out in October 2019 which demonstrated improvements on previous audits. However, themes for example, GP details, continued to occur. An email had been sent out to staff to remind them to document the GP details and medicines management training continued to be a rolling programme.
- Medicine related incidents were recorded and monitored, lessons learnt were shared with staff, and action plans were in place to ensure recurrence of errors was minimised.
- We reviewed five medicine charts, two of which did not have the weight or allergies documented on them. We also noted that on one chart, a medicine dose had been changed; the dose had been crossed out and the chart not re-written. This was raised at the time of inspection and the medicines chart was rectified immediately.
- There was a system to ensure that medicine alerts or recalls were actioned appropriately.
- Patients own medicines were stored in locked cupboards in the treatment room whilst the hospice was under refurbishment. Two patients had the same names, so their medicines were stored in two different cupboards.
- Patients own medicines were brought into the hospice. These had to be labelled and accompanied by two directives, one of which could be the a copy of the FP10 (prescription form). Staff told us that if they didn't match then they would not be able to be dispensed. A GP attended the hospice daily and could be contacted if there was a problem with the patient's medicines.
- Transcribing training for staff to document patients own medicines onto their medicines administration charts did not have to be completed for 18 months from starting in the service. This timeframe was agreed by management following a theme noted from the medicines audits which demonstrated transcribing errors from new nurses in the service.
- There were four trainee advanced clinical practitioners who were non-medical prescribers. The non-medical prescriber roles were developing roles and the service

was currently developing a policy so that the staff could start to use their new qualifications. All practitioners networked with other hospices and attended non-medical prescriber forums to keep up-to-date.

- Off licence medicines were used in the service, for example, cannabinoid medicines for compassionate reasons. The service worked with the local NHS trust to ensure safe practice was always carried out.
- An end of life care policy covering anticipatory medicines prescribing had been drafted and was awaiting ratification. We were told that this had been delayed due to the developing roles of the advanced clinical practitioners and the introduction of non-medical prescribing to ensure that all policies were aligned.
- Symptom management in the hospice was managed with daily reviews from the attending GPs who would prescribe any medicines needed at that time. If any additional medicines were required out of hours the GP would be called out. In the community setting, anticipatory medicines prescribing was primarily used for oncology patients and was led by the MacMillan teams and hospital consultants. If a child or young person was discharged from hospital to their home for end of life care, a plan would be in place, led by the hospital team. At the present time any other community prescribing was completed by the child or young person's own GP.

Incidents

- **The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave families honest information and suitable support. Managers ensured that actions from patient's safety alerts were implemented and monitored.**
- Staff we spoke with were aware of their incident reporting roles and responsibilities. There was an incident reporting policy which explained the process. This was version controlled and in date.
- Staff we spoke with were aware of the principles of duty of candour. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.
- The service reported no never events for the period July 2018 to August 2019. A never event is a serious patient safety incident that should not happen in healthcare providers following national guidance on how to prevent them. Each never event reported type has the potential to cause serious patient harm or death but neither have happened for an incident to be a never event.
- The service reported no serious incidents for the period July 2018 to August 2019.
- For the period January to December 2018 there had been a total of 31 incidents. Thirteen had been adverse events and two events had been reportable.
- We reviewed three non-clinical incidents and three medicines incidents, all had been resolved, action plans were in place as well as the inclusion of reflection forms for staff. Shared learning was evident in all the incidents reviewed.
- Learning from incidents was discussed during team meetings and in quarterly and annual presentations. We noted that one theme drawn from the period January to December 2018 demonstrated that HME (heat and moisture exchanger) filters were not being changed on wet circuits. Actions had been put in place; additional ventilation training had been implemented for all staff and competencies re-assessed.

Are hospice services for children effective?

(for example, treatment is effective)

Good

Our rating of effective improved. We rated it as **good.**

Evidence-based care and treatment

Hospice services for children

- **The service provided care and treatment based on national guidance and evidenced-based practice. Managers checked to make sure staff followed guidance.**
- The service completed a range of audits including audits of medicines management, risk assessments, ventilator checks, tissue viability and infection prevention and control. All ongoing audits and results were fed into the clinical governance meetings. The results were also shared with staff by email and verbally in team meetings and presentations. Recommendations from audits were incorporated into an action plan and monitored by the clinical governance monthly team meeting.
- Policies and procedures were readily available for staff. Policies referenced national guidelines from organisations such as the National Institute for Health and Care Excellence and Royal Colleges. The documents contained flow charts and contact details of relevant agencies. We reviewed ten policies and found them to all be version controlled and in date.
- Patients had the opportunity to develop an advance care plan. We saw two advanced care plans which were fully completed, dated and signed by the patient or their responsible person.
- Patients had a clear personalised care plan which reflected their needs. Staff delivered care to patients in the last days of life that met with guidance from the National Institute for Health and Social Care (NG61).
- Staff attended key clinical and social network meetings. Any improvements or recommendations for changes of process would be disseminated through the clinical governance framework.

Nutrition and hydration

- **Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.**
- Hot and cold food was available to staff, patients and their families. There were a variety of menu choices that people could choose from.
- Children and young people were assessed by a dietician. This was documented in their personal care plans, and families and carers had to bring this documentation into the service on each admission. Feeding regimes were checked by staff to ascertain if they were up-do-date within 12 months of prescription. If feeding regimes had changed then a referral was sent back to the dietician for approval.
- If a patient was to be admitted with speech and language needs, a referral to the speech and language therapy team was completed. Staff we spoke with told us that the service had good links with the acute and community speech and language therapy services.
- Discharge summaries were completed on the patient's nutrition and hydration needs. Any concerns or issues would be documented in a letter to accompany the discharge summary.
- We reviewed five nutrition charts, which demonstrated children on enteral feeds. All had feeding regimes identified and hourly checks completed. Staff we spoke with told us that the current feeding charts they were using were confusing, however, new care plans were currently being implemented at the time of our inspection. The service had an enteral feeding policy and standard operating procedure, both were version controlled and in date.
- Families and carers were asked on assessment and on each admission what the child or young person's likes and dislikes were for their oral diets.
- We reviewed oral food and drink charts, which documented breakfast, mid-morning snacks, lunch, mid-afternoon snacks, evening meal and bedtime snacks. All were completed and documented in the patient notes.
- The service had fluid balance charts for every patient. We reviewed five charts, and all were completed, signed and dated.
- As part of the refurbishment of the lodge, we saw that there was a fully accessible kitchen which allowed young people to acquire new skills and gain a degree of independence. Feedback reviewed from young people was excellent.
- Healthy eating cakes were made by the catering staff for everyone to enjoy.

- The hospice had a five-star food hygiene rating from the local authority. Staff we spoke with told us that the catering and clinical teams would work together to fulfil catering requests for special events, such as birthdays for patients and their family members.

Pain relief

- **Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.**
- The hospice managed the pain of children and young people who were approaching the end of their life effectively.
- Anticipatory medicines were prescribed appropriately in children and young people identified as approaching the end of life.
- We reviewed five patient care records and saw that patients had pain assessments and pain management care plans. Staff recorded when as required medicines were given for pain relief.
- Pain assessment was currently being monitored and assessed with the use of a pain care plan. Although the plan demonstrated and indicated if the patient was in pain, it was more reliant on the family's perception of their child's pain. Staff we spoke with told us that because of this the team had agreed to look at a better way of monitoring a patient's pain.
- A new pain tool had recently been devised and had been approved by the team and the clinical governance board. The tool incorporated the face, legs, activity, cry, consolability (FLACC) scale for children aged two months and seven years, or individuals that were unable to communicate their pain; the Wong-Baker faces pain rating scale which allowed children to point to a face that would demonstrate their pain and the PQRST pain scale to allow full completion of a pain assessment. PQRST is a mnemonic which stood for, P: palliative or precipitating factors, Q: quality of pain, R: region or radiation of pain, S: subjective descriptions of pain and T for temporal nature of pain. Staff we spoke with were eager to start using the tool place so that pain could be assessed more efficiently and effectively. Training was to be delivered to staff following our inspection. The tool would be used in both the inpatient and community setting.

Competent staff

- **The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**
- The service had its own in-house clinical education team. A clinical skills laboratory was used for enhancing skills such as ventilation, resuscitation and catheterisation. This skills room would also be used for the teaching of student nurses.
- All staff had a clinical training and competency framework to follow.
- The service ensured that staff competencies were assessed regularly and kept a record of staff competencies. Competency assessments for registered nurses included various skills, for example, medicines management, gastrostomy tubes, tracheostomy management, non-invasive and invasive ventilation, oral suctioning and syringe drivers.
- We reviewed the annual competency matrix which demonstrated that for the period 2018 to 2019 the completion rate for all staff was above 95%. We noted that the enteral feeding champion had no evidence that they had completed recent competencies or updates. We raised this at the time of inspection and was informed by the clinical educator that the staff member attended conferences and forums to keep up-to-date in their field. However, there was no documented evidence to assure us that this had taken place. Management told us that this would be rectified following the inspection.
- There was an induction programme for all staff as well as a preceptorship programme for all newly qualified registered nurses. Clinical staff were also supported by a comprehensive competency assessment document which covered key areas applicable to their job roles.
- The service offered staff continuous learning opportunities to enhance their current roles. Courses

provided included, breaking bad news, communication skills and a range of other end of life and palliative care courses provided by an external organisation.

- Bank staff induction days were held on a rolling programme basis throughout the year. Bank staff who did not work for more than a period of six months were removed from the bank. This was to ensure that they maintained competencies and familiarisation with the service. Competencies were mapped on the bank training matrix in which the care team leaders accessed to ensure a safe staff skill mix when booking staff.
- Any child or young person that would be coming into the service with specialist equipment or with a rare diagnosis that would require additional training would be identified and training would be arranged by the clinical practice educators.
- Volunteers were provided with appropriate training, supervision and support. All volunteers had a full induction programme which included equality and diversity and face to face safeguarding training.
- A registered mental health nurse had been employed in the service as part of the clinical team. Staff we spoke with told us that this had been a great benefit to the team and a valuable resource for the service.
- The service had applied to be a provider site for the delivery of paediatric intermediate life support training, which could be offered to external providers in addition to hospice staff.
- Specialist training was provided to staff in various areas, such as good practice in record keeping and documentation, bereavement support, symptom control and diagnosing dying and intermittent catheterisation. We saw that numerous members of staff had completed these modules.
- External study days were held for staff, for example, palliative and end of life care for children and young people, syringe drivers in end of life care, understanding anger and the journey for men: support men through grief and loss. These days had been attended by numerous staff.
- Staff we spoke with in the fundraising team told us that training opportunities were always available, and these were regularly discussed in one-to-one meetings.
- There were various clinical nurse champions for example, learning and disability nurse champion, diabetes nurse champion, pain nurse champion, ventilation champion and a tissue viability champion. We spoke with a learning disability nurse who attended conferences and forums and cascaded their knowledge to staff; the nurse told us that senior management were very encouraging of staff development and encouraged networking with other providers to continue to ensure best practice was maintained for patients and their families.
- Staff received annual appraisals and could identify their own training needs with their manager. All appraisals were in date, along with personal development plans with objectives and review dates.
- Copies of GP appraisals that were completed by an external party and the GP's professional registrations were held in the service human resources department. All were in date.
- Managers encouraged staff to complete further training and development, including up to masters level.
- Staff were required to revalidate in accordance with their registration body. All registered professionals were in date with their revalidation and registrations. A national electronic system was used for monitoring recruitment for all staff. This ensured that General Data Protection Regulations (GDPR 2018) were followed.

Multidisciplinary working

- **All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.**
- Multidisciplinary team working helped to achieve effective care planning and delivery of care to children and young people.

- Multidisciplinary team meetings were held weekly to discuss lessons learned from the previous week and to review upcoming admissions to ensure effective planning and preparation, including skill mix.
- Care team de-briefs had been implemented in July 2019. Discussions were held on what went well and what didn't. Staff told us that this was working well and had allowed issues to be resolved quickly.
- Management and staff were passionate about families 'saying it once'. This ensured that families did not have to repeat the same questions asked to various members of the healthcare team. All staff were passionate about this and this created great collaborative multidisciplinary working as outlined in the Children's Act 1989.

Seven-day services

- **Key services were available seven days per week to support timely patient care.**
- The hospice provided care and treatment 24 hours a day, seven days per week.
- Children and young people could access services seven days per week.

Health promotion

- **Staff gave patients practical support and advice to lead healthier lives.**
- Children and young people were empowered and supported to manage their own health, care and wellbeing to maximise their independence.
- Fruit and vegetables were grown by the children, young people and their families in the hospice garden.
- Heathy eating cakes were made in the catering department by staff and the children and young people.
- Complementary therapies were available for children, young people and their families.

Consent and Mental Capacity Act

- **Staff supported children and young people to make informed decisions about their care and treatment. They followed national guidance to gain patients consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.**
- At the previous inspection, the service had operated without an appropriate consent policy in place. This had now been rectified. We reviewed the consent policy which was version controlled and in date. The policy outlined Gillick guidelines and included a standard operating procedure on how to gain consent from children and young people. The policy also included care plans for children of different ages, for example, children younger than 10 years, children aged 10 to 12 years, young people aged 13 to 15 years and young people over 16 years. Evidence based guidelines were followed within the policy, such as the Children's Act 1989 and 2004 and Gillick competency. The policy also outlined cases such as 'Gillick v West Norfolk and Wisbech Area Health Authority (1986) and the Mental Health Act 2005.
- We saw that the service had a one-page policy profile for consent for children, young people and adult's policy. Staff we spoke with told us that this was a great resource as it was easy to follow, and all the information required was on one page.
- Two team leaders were champions in the consent process. Staff we spoke with told us that having this resource was invaluable in their learning and development. We saw that question and answer sessions were held in teams on the consent process. All clinical support workers completed the consent training.
- We looked at three patient consent forms. These were statements regarding capacity to consent for care to be provided at Derian House. All had a mental capacity act checklist and a best interests decision document in place. The best interest decisions document was adapted from the Association of Directors of Social Services in England and the Department of Health's guidance (2015) on Deprivation of Liberty Safeguards. All consent forms were completed thoroughly, however we did note that the mental capacity act checklist on one patient, although completed fully and was evident that the patient lacked capacity stated that the patient had full capacity. We raised this at the time of inspection and

was told that one of the boxes should have been crossed out. This was human error and rectified immediately. Lessons learnt would be shared with staff.

- We also saw in patient files, media consent forms and an activity consent forms in place. All were dated and signed by either the patient or the person who had parental responsibility.
- We reviewed two advanced care plans which incorporated a recommended summary plan for emergency care and treatment (ReSPECT). The ReSPECT process creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to make or express choices. Both were completed fully, signed and dated.
- The service was not registered for mental health services, but we spoke to a mental health nurse who told us that they had been given dedicated work hours for mental wellbeing as they had identified areas that could be improved within the service.
- Staff understood their roles and responsibilities in obtaining patients consent and their responsibilities under the Mental Capacity Act 2005. The Mental Capacity Act 2005 provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff we spoke with were able to describe the Mental Capacity Act and actions to take when assessing service users.

Are hospice services for children caring?

Outstanding ☆

Our rating of caring improved. We rated it as **outstanding.**

Compassionate care

- **Staff always treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and proactively took account of their individual needs.**
- The service had a strong, visible person-centred culture and was exceptional in helping people to express their views so that they understood things from their point of view. Staff and management were fully committed to this approach and found innovate ways to make it a reality for each child or young person using the service.
- Patients and families were at the heart of everything staff members did. Support was always given by caring and empathetic staff to meet the needs of the children, young people and their families.
- All staff were passionate about delivering compassionate care, with the child or young person and their families at the centre of everything they did, particularly ensuring that end of life care was delivered as good as it could be. The sunflower room and the new refurbished end of life care suite demonstrated that staff aspired to go above and beyond to achieve excellent end of life care.
- Management we spoke with told us that following refurbishment, families could request pictures of their loved ones projected onto the screen in the reflection room.
- Staff were highly motivated and inspired to offer care that was kind and compassionate and all staff we spoke to told us that they were determined to be creative in overcoming any obstacles to achieve this.
- The children we saw during the inspection were not able to verbalise their opinions of their experience, however, we observed staff interactions and observed staff being continually kind and compassionate as they put patients and their relatives at ease.
- Feedback from patients and their families confirmed that staff treated them well and with kindness. The relationships between patients, relatives, carers and staff were highly valued by all parties and this was encouraged and supported by the leadership of the service.
- We reviewed numerous feedback comments from both the patients, their siblings and parents. All were highly positive. An example we saw stated 'Derian House always helped during both our happy and sad times. Whenever I needed support, they were always there. Words aren't enough to explain how much it

meant to us. Another read 'My daughter feels safe, secure and understood by these incredible hard-working people. In all honesty I don't know what we would do without everyone at Derian House. Thank you so much'.

- Staff, both in the hospice and the community were very passionate about creating positive memories for patients and their families. This was re-iterated by the grandparents in the bereavement group. We saw examples of items made, which included, pictures of hand and footprints (some made into fun pictures), family canvas paintings with handprints of the child in the middle and plaster casts of children's hands held in the parent's hands. We were also told that locks of hair could be taken from the child or young person and placed lovingly into a keyring. Any memory that a child wanted to leave, or a parent or carer requested, staff would endeavour to fulfil.
- The dignity of deceased patients was always maintained. Staff were highly motivated and inspired to provide care and treatment that was kind and promoted dignity. The service had a privacy and dignity policy and staff had to complete privacy and dignity training on induction and refresher training annually.
- The 'family splash' service gave families the chance to use the heated hydrotherapy pool for fun weekend sessions. Feedback from patients and their families demonstrated that this new initiative was positively welcomed as it brought a touch of normality and fun into their lives.
- We saw that children and young people were at the heart of everything they did at the hospice. Lots of individual milestones that children and young people had achieved were displayed for everyone to see.
- We saw feedback from volunteers who worked in the service. One read "People sometimes ask me, 'why do you volunteer in a hospice, it must be a sad place?' But it's not. It's a wonderful happy place where you hear laughing children. It's ace!".
- Children and young people could request to move rooms. All rooms were decorated individually in different colours and themes. Staff would endeavour to accommodate these requests so that they would be comfortable and enjoy their respite stay.

Emotional support

- **The service had a holistic approach to supporting patients, families and carers to minimise their distress. Patients were treated as individuals and staff understood patients' personal, cultural and religious needs.**
- Staff understood that the children and young person's emotional needs were as important as their physical needs. We saw staff going the extra mile in the care and support of children, young people and their families.
- We observed staff providing kind, thoughtful, supportive and empathetic care to patients and their families. Relatives told us how supportive staff were, which had helped them to relax and settle into the hospice environment.
- We saw and heard staff members offering encouragement to children in a reassuring manner, to alleviate any anxiety that they may have.
- Families and relatives were encouraged to visit the hospice as this provided the children and young people with emotional support. Staff wanted the hospice to be a fun place which was safe and homely.
- Bereavement services were tailored to individual needs and was provided over a significant period after death. The service continually strived to develop the approach of their staff team so that this was sustained.
- As well as having a bereavement service for parents and siblings. We spoke to nine grandparents who attended a grandparent's bereavement group. The group was developed to help grandparents support their own children and others in dealing with bereavement whilst also struggling to cope with their own loss. The group met monthly to socialise and help each other to heal through shared memories and experiences. They carried out various activities; for example, afternoon tea, arts and crafts (including memory keepsakes), days and evenings out. We saw examples of memory stones they had made which were placed in the hospice gardens. All members told us that all staff were always very supportive and could be contacted at any time, night or day.

Hospice services for children

- A siblings support service was available to ensure that the brothers and sisters of the children the staff were caring for, felt important too. Siblings enjoyed fun day trips out, for example, the children had visited a chocolate factory and a police station. The siblings were also involved in arts and craft activities, such as painting pottery. We saw that some siblings had designed and created a comic book. Feedback we reviewed on the sibling's support service was extremely positive from both the siblings and their families.
- Counselling was available for all service users, either by phone, email, face-face or text.
- Staff were working on plans to support staff with children whose behaviour was challenging. Staff we spoke with told us children needed information, reassurance and the opportunity to express their feelings.
- We were given an example of a young child whose wishes following their death had been discussed and considered. Their wishes had been documented by staff and these were carried out following their death. Staff we spoke with told us that this was an important aspect of advanced care planning and a key component of end of life care.
- For parents whose children were resting in the sunflower room, staff would endeavour to make them as comfortable and at ease as possible. Some parents needed a break at times from sitting with their child. We were given an example of management purchasing an additional television channel for one night so that they could watch this in private in the cinema room and have time on their own.
- A water fountain was in the hospice garden. Memorial slates with children and young people's names of those who had passed were on them and placed around the fountain.
- A new wellbeing service had been launched to look at the holistic side of care. Children, young people and their families could enjoy free complementary therapies such as massage, Reiki, acupressure and Indian head massage twice a week. We were given an example of a family member of a service user who had received a life changing diagnosis and was offered wellbeing massages and counselling.
- As part of the wellbeing service, a weekly playgroup for under-fives, baby massage sessions and social get-togethers for patients such as the monthly coffee morning and the Friday night club.
- The service had a 'pets as therapy' dog service that attended the hospice to allow children, young people and their families to pet the dog to improve their wellbeing.
- Staff recognised and respected the totality of children, young people and their family's needs. They always took the families personal, cultural, social and religious needs into account and found innovative ways to meet them. The aim of the service was to relieve as many worries the patient and their families had, so that they could concentrate on caring for the whole person and their relatives.

Understanding and involvement of patients and those close to them

- **Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Staff and management were fully committed to the visible person-centred approach. They all used creative ways to make sure that children and young people had accessible, tailored and inclusive methods of communication.**
- The service had a visible patient-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted children and young person's dignity and independence where possible.
- Patients and their relatives were actively involved in their care. Staff routinely involved people who used services and those close to them, such as carers and siblings in planning and making shared decisions about their care and treatment.
- Children, young people and their families were at the heart of everything they did. We attended a home assessment visit with the Derian at Home care team. We observed great support for both the child and their family. The care team attended the home for a few hours so that the family could leave the house and

have some time on their own. We saw arts and craft activities being carried out with the child, staff always spoke lovingly to the child and included them in everything that they did.

Are hospice services for children responsive to people's needs? (for example, to feedback?)

Outstanding ☆

Our rating of responsive improved. We rated it as **outstanding.**

Service delivery to meet the needs of local people

- **Children, young people and their families' needs were at the heart of all services planned and delivered by the service. The service worked with others in the wider system and local organisations to plan and deliver patient-centred care.**
- The service took a key role in the local community and was actively involved in building links. Children, young people and their families were encouraged and supported to engage with services and events that had a positive impact on their quality of life. Input from other services and support networks were encouraged and sustained.
- The hospice was easily accessible and close to public transport links. There was a large car park that offered free parking. However, during inspection parking was limited due to the refurbishment of the hospice.
- The hospice was set in its own grounds, with gardens, a sensory garden and play areas for children. All areas were accessible for those with prams or wheelchairs.
- Children and young people's care, and support was planned proactively in partnership with them. Staff used innovative and individual ways of involving children and young people so that they felt consulted, empowered, listened to and valued.
- The sensory garden had flowers and shrubs which when touched allowed children and young people to enjoy a wide variety of sensory experiences. The garden was designed to provide opportunities to stimulate senses, and improve health, mood and cognition.
- The hospice was currently undergoing refurbishments. We were shown around the building and provided a copy of the plans. The new hospice was due to open around mid-October 2019.
- The children and young person's bedrooms in the lodge and the refurbished hospice were spacious and offered plenty of light and garden views. All areas of the hospice were made to look as homely as possible.
- Children and young people could be admitted in a separate entrance from the main reception area. This ensured that their privacy and dignity was maintained.
- The service could cater for a variety of faith and cultural needs. There was no chapel in the hospice, however the service was under refurbishment and would see a multi-faith room which could be adapted to accommodate varying religions.
- Staff had developed a multi faith working group, attending mosques and engaging with key faith leaders from the local community and appointing them as ambassadors, promoting the work at the hospice within the community. Staff also attended the voluntary community and faith sector leader's forum which they had identified as key groups to engage with. The Bishop of Burnley and an Imam from the local community were currently working with the hospice following the engagement from staff and management.
- We spoke with staff who told us that they were working with schools and residential colleges to see how they could enhance their communication tools. In addition to this, schools were providing training for staff at the hospice.
- Wi-Fi was available to service users and in each bedroom, we saw an electronic device that was voice activated to numerous things, such as music, readings from various cultural beliefs and audio story books.
- The service had a new accessible family cinema that was currently being used by patients and their families. The cinema was able to cater for people in

wheelchairs or medical beds and could be hired out by families for no fee for a family day or night at the cinema. Popcorn and hotdogs were also provided for children, young people and their families.

- All bedrooms were completely different and individualised in different colours so that children could make choices when they came for their respite. In addition to this, each room had a different name and a sign on the door in braille. Rise and fall sinks were installed to accommodate different heights of children and young people.
- Some patients and parents had voiced their concerns to management that the toilets were difficult to use with their physical disabilities. We saw that management had taken these concerns on board and had fitted new toilets with integral wash and dry facilities.
- Beds had been purchased that enabled children to be positioned comfortably and safely so that they could join in with activities. This was welcomed by staff, patients and their families as children with profound physical difficulties were often unable to move themselves into different positions. Staff told us that the beds had helped children not to feel isolated as they could now be included in sessions that they had found uncomfortable and difficult before.

Meeting people's individual needs

- **The service was wholly inclusive and took account of the totality of children, young people and their families individual needs and preferences. Staff made reasonable adjustments to help patients access services. They proactively coordinated care with other services and providers.**
- The service was flexible and responsive to children and young people's individual needs and preferences, finding creative ways to enable children and young people to live as full a life as possible. The service used innovative ways to support the children and young people in the community when they were not with them. Where required, there was a rapid response to children and young people's changing care needs and advice on care and support was available 24 hours per day, seven days per week.
- We reviewed five individualised care plans and saw that services were co-ordinated with other agencies to provide care to patients with complex needs.
- The service had a complementary therapy team who offered a range of therapies to both patients, families and carers.
- Children, young people and their siblings planted their own vegetable patch in the sensory garden. Gardening and plant care help children develop gross and fine motor skills. Staff we spoke with were passionate about children and young people spending time outdoors, breathing fresh air, and being exposed to sunlight as these have been proven to be extremely beneficial to children's overall physical and emotional health.
- A patient had stated to management that they didn't like the new colour of paint on the walls. It was agreed between the manager and the patient that the colour could not be changed but pictures could be hung up to give it contrast. We saw that this had been completed and the patient was happy with the result.
- Makaton sign language was taught by the communications group. We saw weekly signage displayed on tables in the dining area. This was a great way of teaching children and young people, all members of staff and the public when they were visiting the hospice on how to communicate to people who had no speech or whose speech was unclear. Makaton is a unique language programme that uses symbols, signs and speech to enable people to communicate and provides clues about what someone is saying by using signs with speech, in spoken word order.
- Kitchen worktops in the lodge could be adjusted to different height levels so that all children and young people could be involved in helping themselves to meals or be involved in cooking meals and baking cakes. This promoted independence.
- The service had arrangements in place to access translation services for children and young people. Staff we spoke with could tell us how they would access these services and provided examples of occasions that they had done so.

- Specific support groups were available, and links were made to antenatal services to support families where unborn babies had life-limiting conditions.
- A dedicated sibling support group was available in the hospice which offered support to brothers and sisters of the children who used the service. This group enjoyed fun trips and days out, as well as counselling and bereavement support to suit each child's unique circumstances and experiences.
- Where the service had a responsibility, the arrangements for social activities and, where appropriate, education and work, were innovative and met the children and young person's individual needs. There were specific staff with the skills to understand and meet the needs of the child or young person and their families in relation to their emotional support and the practical assistance they needed for day-to-day life.
- We spoke to the social care lead who was the transition service co-ordinator for the hospice. This service ensured collaborative working of youth workers, family support and wellbeing teams. The service worked with children from the age of 14 years and above to ensure the best possible experience of transition to adult services for those young people who need ongoing care.
- The service did not have a chapel but had a bereavement room that was a non-specific religion denomination. All religions could attend the bereavement room. Management told us that an Iman from the local Muslim community was attending the hospice to have a plaque laid on the floor so that patients and their families could identify the direction of Mecca.
- We spoke to a mother of a child that was a service user of the hospice. They told us that it was difficult at first to leave their child in another person's care, but the support and care provided by all staff had allowed them to accept that they can go on holidays or days out with their other children. Knowing that their child was receiving the best care, in a lovely, homely and friendly environment was a great relief to any guilty feelings that they had been feeling.
- Clinical staff with help from the catering department taught children and young people to cook meals. This allowed the children to develop their skills and maintain independence.

Access and flow

- **People could access the service when they needed it and received the right care in a timely way.**
- The service had no concerns over capacity as they operated at 50% mid occupancy throughout the year on respite beds. Occupancy was reviewed at clinical governance and trustee board meetings. The service proactively offered additional respite nights when they had the capacity to do so.
- The service had processes to manage referrals and admissions to the hospice. Referrals came through a variety of sources, for example, self-referral from families or young adults, GPs, hospital-based consultants or community professionals.
- We reviewed the service admissions policy, which was version controlled and in date. Acceptance criteria for admission to the hospice stated that the patient had to be in the catchment area and diagnosed with a life limiting or life-threatening condition.
- The referrals had to be triaged by a referrals panel, which included, the hospice GP, referral lead, social care lead, representative from the family support team, representative from the Derian at Home team and a member from the physiotherapy team. The hospice policy stated that a minimum of four panel members had to make the decision. All the senior management team within the service had to attend the referral panel meetings to get an understanding of patient and family needs.
- We reviewed three referrals to Derian House. All were completed fully. Items on the form included, patients' details, family/carer details, siblings' details, key professionals, referrer details and medical history. The referral forms all had a progress checklist in place that had to be completed before the referral was accepted.
- A referral allocation model and decision-making framework was used for different age groups. Neonatal aged zero to three months, neonatal aged zero to six months, children aged three months to 16 years and young people 16 years plus. These referrals

were colour coded and scored on their prognosis, nursing care needs, seizures, nutritional needs, dependency requirements, respiratory needs, mobility, complex behavioural needs, family support needs, social and environmental factors and safeguarding. The scores when added together indicated a suggested level of input required. Management told us that the referral panel must ensure that the level of care provided by the hospice would meet the needs of the children, young people and their families.

- For perinatal service referrals, the service had to receive GP and consultant letters and parental consent. Pre-service communication had to be in place and an assessment visit was required before the new referral could be approved by the referral panel.
- All referrals were put on hold until consent, medicines information and an initial assessment took place.
- Bookings for respite care were made quarterly. Families requesting respite were offered between seven and 21 nights per year, this was allocated based on a scoring system reflective of the whole family's needs.
- There was no limitation for families and children and young people at end of life. The service offered additional nights at a time of family crisis and offered rapid referral for end of life care.
- A cancellations spreadsheet had been implemented following feedback. This allowed the service to see what respite had been cancelled which allowed them to contact the local authority so that other families could use the facilities if available.
- Any requests for end of life care or urgent admissions were managed by the senior nurse on duty who considered planned occupancy, staffing and skill mix.

Learning from complaints and concerns

- **It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.**
- Children, young people and their families were actively encouraged to give their views and raise any concerns or complaints. The service used any concerns or complaints as part of driving improvement.
- Staff we spoke with told us how they would raise a concern or a complaint and stated that they felt comfortable if they had to follow this process. Peoples feedback was valued, and staff told us that they felt that responses to any matters raised were dealt with in an open, transparent and honest way.
- The hospice had a complaints policy which outlined the complaints process and how to manage different types of complaints. The policy was version controlled and in date.
- There were three complaints in the period July 2018 to August 2019. None of the complaints were upheld and all were resolved in the timeframe given within the complaints policy.
- We reviewed the three complaints; action plans, shared learning and additional training was given where required. All three complaints had adhered to the service complaints policy.
- Complaints and how they were resolved were included in the monthly and annual lessons learnt presentations which were given to staff for their learning. Investigations to complaints were comprehensive and at times included professionals that were external to the service to ensure an independent and objective approach.
- Compliments were not collected due to the volume received. Compliments were received either verbally, written or via social media so were difficult to maintain. We looked at numerous compliments received, and all were positive about the service, for example in day care, one stated, 'fabulously organised' and another said, 'everything lovely, staff great and great activities'
- A compliment received from a student nurse read: 'amazing, made to feel part of the Derian family'.

Are hospice services for children well-led?

Hospice services for children

Outstanding ☆

Our rating of well-led improved. We rated it as **outstanding.**

Leadership

- **Leaders were committed and passionate about patient care and provided a high-quality sustainable service. They had the skills and abilities to run the service and clearly understood and managed the priorities and issues the service faced. Leaders were visible and approachable for patients and staff. They supported staff to develop their skills and take on more senior roles.**
- Staff we spoke with told us that they felt very supported by senior management and all were friendly and approachable. Staff told us that they felt confident in approaching all members of the management team regarding issues in either their professional or personal life.
- A staff forum had been set up to discuss the previous CQC report and the staff survey. Discussions on issues, themes, problems and recommendations were identified and shared externally with the local NHS hospital.
- There was a strong emphasis on continually striving to improve. Managers we spoke with recognised, promoted and regularly implemented innovative systems to provide a high-quality service.
- Since the last inspection there had been changes to the management structure of the service including a new chief executive. The chief executive and the registered manager were very committed to the staff, patients, families and carers within the service. This was reflected in the way the team was led and the feedback given to our inspectors during the inspection.
- Staff and management, we spoke with told us that the chief executive had an open-door policy and young people were always seen sitting in the office chatting to him.
- Staff we spoke with told us that the chief executive attended the young people's forum and listened to issues raised by young men. We were given an example of an issue that had been raised regarding the sofas and young people stating that they were unsuitable for their needs. The chief executive listened to their concerns and planned to replace.
- All managers felt that by empowering staff and advocating an autonomous approach to the work undertaken at the hospice was vital in keeping a happy team and a happy environment.
- As Derian House was a charity it was governed by a board of trustees. The board was made up of eight experienced professionals and a parent representative bringing expertise from the world of facilities, audit and health management. All board members attended the hospice in line with the service visibility plan and were required to walk around the hospice with staff members and meet the teams independently from the senior management team. Staff we spoke with told us that they all welcomed this initiative.
- We spoke with two trustees who told us that they were committed to continue with not resting, but improving, challenging and looking for better ways of working. Both trustees were extremely positive of the changes that had been made with the new management structure. One trustee told us that they now felt that family forums were now meaningful, which had been a major change since the appointment of the new chief executive and they wanted to ensure that families who use the services were aware of the family support service and what they had to offer. This was to be discussed at the next board meeting.
- All trustees attended strategic gatherings which were 'action and debate' based, structured and chaired by the Chair of the service. Staff told us that all trustees were visible with staff and engaged well in their field of expertise. We were told by staff that the trustees were very approachable and very much part of team Derian. One staff member told us that they had attended a trustee meeting which gave them good insight into what the trust board did.
- Senior management had various other internal and external lead roles. For example, the chief executive

was a member of the advisory council 'Together for Short Lives' and the registered manger was the children's representative for the Hospice UK Executive Committee.

- Fit and proper persons requirements (FPPR) were implemented in June 2018. These were reviewed and updated in June 2019. Regulation 5 of the Health and Social Act (Regulated Activities) Regulations 2014 applies were a service provider is a health service body. The intention of this regulation is to ensure that the provider has robust and thorough processes in place to make sure that people who have director level responsibility are fit for the safety and quality of care, and for meeting the fundamental standards are fit and proper to carry out this important role. We reviewed five FPPR files, all were complete and up-to-date.
- We reviewed disclosure and barring service (DBS) checks on the chief executive, trustees, GP's, clinical leads and managers. All were in date.

Vision and strategy

- **The service had an imaginative and child-centred vision and a clear strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.**
- The service had a vision to help children and young people, whose lives are too short, to make happy memories in an environment of fun, respect and above all, high quality care. In addition to this, the service had a clear person-centred vision to offer a value-based service to meet the needs of all children and young people.
- The vision and values were developed and reviewed with people and staff, owned by all and they underpinned practice. The service recognised the ongoing importance of ensuring these were understood, implemented and communicated to people in meaningful and creative ways.
- Since the last inspection the service had developed new values. Management and staff, we spoke with told us that the service values had been co-created by staff, volunteers and management at Derian House, and were supported by the Board of Trustees.
- The process of implementing the new values began by listening to staff and volunteers to understand what behaviours, attitudes and styles of work they valued. Workshops and staff forums then took place where ideas were developed and refined. In addition to the service values, we saw that the Board of Trustees had a set of principles that supported the values.
- Six values were implemented, and a mnemonic was used derived from the name Derian; d: deliver outstanding care; e: engage with everyone; r: respond to change; i: innovative in our approach; a: aim for the highest standards and n: nurture and develop our people.
- A follow up and final sharing critique sessions were carried out to share the vision and values with staff, to demonstrate how they aligned with the aims for the service. Following these sessions, a letter was sent out to all staff which included a copy of the Derian values booklet thanking staff for their support in the development process.
- Management told us that they wanted to be the industry leading hospice, trailblazing and leading the way for children's services. Collaborative and partnership working with other organisations was evident and demonstrated that the service was following current practice and providing a high-quality service.
- The hospice was currently being refurbished to create better spaces to meet the ever-changing needs of children and young people. This project was known as the 'Fit for Future Project'. At the time of inspection, the hospice was well underway with the installation of cutting-edge equipment.
- A new sensory room which would be three times bigger than the one the hospice currently had was being installed and all parts of the hospice were to be modernised.

- An additional sunflower suite, specially designed for babies to lay at rest before their funeral, was to be created with an adjoining lounge, to allow families to spend as much time as they needed to say goodbye.
- The service was currently looking at providing the use of their sunflower rooms for families that had agreed to organ donation. This would allow the child to rest at the hospice. Staff were currently attending other hospices who were piloting this to see how it worked before a follow-up debrief and decision was made.
- The new refurbished hospice was to be split into various zones to include special areas for sleep, play, relaxation and reflection. This was agreed in the project "Fit for the Future" which was partly funded by donations from corporate and individual sponsors of Derian House.
- Staff we spoke with told us that some children and young people who required long-term care and were awaiting care packages were sometimes in hospital for a long time. The service was looking at commissioning a step down service for a smooth transition to home.
- We reviewed the service five year forward budget plan which had actions, owners of projects and timeframes. Going forward, the service would be using the 'Patient Experience Toolkit' to look at different ways in which staff could interact with the service users to ensure that their experience and views continued to be at the heart of everything the service offered.
- Management we spoke with told us of phase three of the refurbishment plans of the hospice grounds. This was not yet work-in-progress.
- Plans were in the initial stages of implementing an outreach service in the community of Cumbria. This would see a hub site located in Kendal. Management we spoke with were excited about this new venture as it would enable families to receive services closer to their homes.
- Management told us that there were plans in progress to help grow the perinatal services. This was work-in-progress at the time of inspection.

Culture

- **Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff reported that the culture of the service had improved since the last inspection. The service had an open culture where patients, their families and staff could raise concerns without fear.**
- The previous CQC inspection in October 2017, highlighted issues around staff culture. Following the new senior management structure, a significant review of the culture and values had been carried out.
- We reviewed an external report of outcomes and recommendations for the service cultural review and reset which was undertaken in February 2018 by a local NHS hospital. Four themes were identified; trust and fear, support, customs and practice and organisation systems, structure and processes. Several recommendations and actions were suggested. The report was shared with all staff and briefing sessions were carried out to go through the report. Actions and timescales were then put in place to address the themes.
- A keeping in touch presentation was carried out to staff in April 2018 by the chief executive to outline the objectives and priorities for the hospice and to discuss the next steps of improving the culture within the service.
- Staff who had been employed at the hospice for many years told us that following the new management structure they were amazed at how things had changed and improved for the better in the 18 months since the new chief executive was in post. Staff told us that the morale from the previous CQC report had plummeted; however, following the new management structure, they had pulled together as a team to make improvements and were passionate in all the work that they provided. All staff that we spoke with said that they felt valued and enjoyed working at the hospice.
- Senior management were now more visible and approachable than they had been in the past. Staff we spoke with told us that they had all contributed ideas and suggestions to the new values of the service and felt comfortable in challenging senior management decisions. The service ordered 'We are Derian' name badges which were about to be distributed.

- Quarterly keeping in touch sessions were carried out. We reviewed the first session given which demonstrated the objectives and priorities the chief executive wanted to change, for example culture. Staff we spoke with welcomed these sessions and felt that things were now changing in the service in a positive way.
- Management we spoke with told us that if staff challenged their decisions, discussions would be held on why they disagreed and what suggestions they would make to change it. This was carried out to ensure that they all came to the right outcome for the service.
- Hospice UK had been in contact with the service and encouraged other external chief executive officers to look at the changes the service had made with their culture and values. In addition to this the chief executive had been approached by Hospice UK to present the new hospice cultures and values to the Hospice UK Conference.
- Staff were encouraged to challenge behaviours that didn't fit with the hospice values. This was part of the suggestions from staff in the focus group held by senior management. Staff we spoke with told us that following the new structure of senior management, the positive and vibrant atmosphere that was now felt in the service, they all would not hesitate to challenge other members of the team or any service user of the hospice.
- The service carried out temperature check surveys which were linked to the new service values to monitor progress. These checks were implemented following the results from the birdsong survey in 2018. The birdsong survey is a national charity consulting service that helps charities work more effectively with their people; they specialise in staff surveys, organisational development, team building and coaching. We reviewed two temperature check surveys. which demonstrated an increase in most areas. However, morale was persistently staying at an average of 50%, although this was increasing from earlier surveys, management wanted to see this increase further and were positive that the culture and values workshops would provide a light rise. We spoke with staff about the surveys and were told that the surveys did not reflect the immense improvement in morale. Staff said that a question in the survey on morale would sit better if it was a neither agree or disagree answer and not scored.
- All staff at the hospice were encouraged to undertake counselling; this was offered to staff twice yearly. In addition to this, complementary sessions were available for staff. Staff we spoke with told us that services were essential to their wellbeing and all welcomed them into the service.
- The service had a whistleblowing policy which they called the raising concerns policy, available to all staff. Details of the freedom to speak up champions were documented in the policy; these varied from senior management, trustees, human resources representatives, registered nurses and clinical support workers.
- The service had a lone working policy which staff adhered to. Staff had personal safety devices when entering people's homes and could call for assistance using these discretely if needed.
- Whilst the refurbishments were undertaken, staff felt more connected to other teams within the service due to sharing office space. Staff we spoke with told us that that they were now looking forward to the new building as they would all be together in one office and this change had been extremely positive for both personal and professional working lives. In addition to this staff told us that the introduction of multidisciplinary daily huddles was a great way to discuss plans for the day, highlight risks and share good practice.

Governance

- **Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**
- We reviewed a range of policies and procedures, for example clinical governance policy, consent for

children, young people and adult's policy, positive handling for challenging behaviour policy, wellbeing policy and a chaperone policy. All were in date and version controlled.

- The service had a clear governance structure to continually improve the quality of the service provided. Governance arrangements were clear and appropriate to the size of the service.
- The service held governance team meetings and board team meetings regularly. The board meetings were attended by senior members of staff in the organisation, including the chair, trustees, service leaders, head of governance and head of finance.
- We saw details of the annual general meeting and in 2018 the service held a strategic day where the strategy for the next three years was agreed following consultation with staff and families.
- Members of the board of trustees chaired a series of sub-committees relevant to their expertise. These committees then reported to the board
- There were clear lines of accountability in the service. The service had nominated leads in areas such as safeguarding, infection prevention and control and medicines management.
- A monthly and annual monitoring programme took place on all aspects of services provided within the hospice and the community.
- We observed a handover given by staff from the night shift to the day shift. Various staff members were present, such as team leaders, registered general nurses and clinical support workers. Various items were discussed, such as patient details, diagnosis, medicines required, diet and any events overnight. In addition to this, staff were informed if a child was resting in the sunflower room, staff on call (including their contact numbers), activities planned for the day and everyone's roles for the shift.

Managing risks, issues and performance

- **Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**
- The business had a continuity plan that covered various issues including, loss of staff, loss of electricity, fire and finances.
- The service had a risk register and a risk management policy in place. Mitigating actions and responsible persons in charge of the risk were clearly identified along with review dates.
- A strategic workforce planning and programme was in place. Management we spoke with told us that the clinical educator was planning retirement and plans were in place to recruit to the post so that time was incorporated for an efficient handover.
- There was a sustainability fundraising plan in place, working with clinical care commissioning groups for funding and NHS England for grants. Senior management networked with local and national government bodies and were on the NHS England working groups for finance and commissioning.
- We reviewed a national hospice survey that had been carried out in 2019. Examples of questions asked were 'I have confidence in the board of trustees'; 'The charities policies and procedures help me carry out my role' and 'I am happy with the flexible working practices here'. Compared to the survey carried out in 2018, almost all questions asked had improved. An action log for improvement was documented and shared with staff via team meetings, presentations and emails.

Managing information

- **The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**
- Information governance was carried out as part of the mandatory training process. All staff that we spoke

with were aware of their responsibilities regarding information management and the General Data Protection Regulations (GDPR) tailored by the Data Protection Act 2018.

- All information technology systems were protected by security measures. All staff, including bank staff had individual log on details. Computer screens were locked when staff were not sitting at their desks to prevent information breaches.
- A white board was in the administration office which displayed the names of the children who were staying in the lodge bedrooms, the name of the child that was resting in the sunflower room and the names of what families were staying in the flat. In addition to this, the white board displayed a section with 'hello' for new patients and 'goodbye' for patients who were being discharged; team leaders for the shift; senior nurse on call; doctor on call; Derian House at home on call; family support; first aider; fire team and Marshalls for each designated fire zone and any students that were on placement. This was updated daily.

Engagement

- **There were consistently high levels of constructive engagement with patients, staff, equality groups, the public and a wide range of local organisations to plan and manage services. The views of patients and stakeholders were considered before changes were made and they collaborated with partner organisations to help improve services for patients.**
- The service engaged well with patients, families, carers, public and local organisations to plan and manage appropriate services and collaborated with partner agencies effectively.
- The service was proactive in seeking feedback from patients, staff and their families and could provide multiple examples of where service improvements had been implemented as the result of this engagement.
- The senior management team had recently travelled to London to lobby with their Members of Parliament (MPs) in a fight for fairer funding for children's hospices. This resulted in several MPs visiting the hospice and helping senior management to have a louder voice when putting children's palliative care on the national agenda.
- The service launched a 'Corporate Partnership Scheme' in 2018 which encouraged businesses of all sizes to sign-up and make Derian their charity of the year. In return, companies could promote their corporate social responsibility and improve public perception and trust of their brand.
- Plans had been put in place for a £50 Corporate Challenge for 2019, this would see businesses being given £50 to see how much they could turn it into for the children and young people at Derian. February 2019 saw the hospice's first ever Corporate Award ceremony where special recognition awards was given to businesses and organisations that have supported the hospice.
- An external organisation that employed more than 500 people sent volunteers to tidy the hospice grounds on team-building days. The director of the company gave feedback to the hospice which stated, "The events have been a great way to engage with our multi-culturally diverse employees and has provided a back drop to promoting the importance of family values and engagement with the wider teams". Management we spoke with told us the success of this event would see it being repeated in the future.
- Management we spoke with told us that they now attend the Greater Manchester hospice group, which is predominantly ran by adult hospice groups. Management were proud that the service was now recognised as an equal partner within the forum which has helped to put children's hospice services on the map.
- Staff had been instrumental in the design of each of the family flats. Management had ensured that staff had been involved in this work so that everyone's ideas and thoughts were looked at prior to the start of the refurbishment. Staff we spoke with were excited and proud of the new changes and felt that management had included them all from the beginning and they could not wait to see the finished product.

Hospice services for children

- The refurbishment and design of the kitchen in the lodge was tailored based on the feedback from service users and via the young person's forum.
- Thank you, postcards were available for staff to complete, to thank their colleagues. These were handed into reception and distributed to the staff member being thanked. Staff we spoke with told us that this was a great initiative which promoted great team building.
- The family support team had been nominated for a national hospice award for their work with the grandparent's group. Results were not available at the time of inspection.
- We spoke with the learning and disability nurse champion who told us that they linked in with schools and external parties to identify the child or young person's needs.
- Staff we spoke with told us that social media was now more prominent and improved in the service. The service had an increased number of internet followers and when staff had done something well they were acknowledged promptly on the service intranet.
- Every Tuesday at 9pm on social media, there was an article on a staff member who had to answer five questions. Staff told us that this was great to see and great to be able to leave comments for the staff member who the article was about.
- A new initiative called 'Sponsor A Nurse for A Day' had been implemented in the service. This was advertised with banners as well as on the local television and local radio. By pledging £150 to Sponsor A Nurse, it allowed Derian nurses to be there for children, young people and their families when they were needed the most.
- Derian house celebrated their twenty fifth anniversary and held a silver-themed party which saw more than 100 families celebrating a quarter of a century of helping youngsters with life-limiting conditions to make the very most of every moment.
- We saw a personal wish list that had been given to the chief executive from a young person who was a patient at the hospice. This list included suggestions for improvements, such as internal doors that opened on movement instead of having to push a button, and dinner plates with lips on them so that the children maintained their independence while eating. Plates with lips help those with disabilities and makes one-handed eating much easier. Both suggestions had been implemented by senior management.
- A sparkling event called 'Forget me Not Ladies Lunch' had been held in May 2018 and 2019.. This entailed a fashion show and a three-course lunch for ladies who enjoyed glamour, fashion and beauty. Feedback demonstrated that the event had been a success and ladies had requested for it to be repeated.
- Volunteer gardeners helped the service strike gold at the Chorley Flower Show in July 2018. The show garden showcased the important role gardens play at the hospice.
- A gala garden party and country fair was held in June 2018 that saw patients, families, carers and other members of the public enjoy family fun; which included live music, Morris dancing, food and drink stalls and goose and duck herding.
- The service held their annual 'Lights of Love' concert at Blackburn Cathedral to remember loved ones at Christmas concert. The Cathedral was illuminated with hundreds of Christmas tree lights that represented the lives of loved ones. Two young men who were service users of the hospice signed the song in Makaton for the crowd. Makaton is a language programme designed to provide a means of communication to individuals who cannot communicate efficiently by speaking.
- Staff could use the hospice mini-bus for trips out. Staff told us that they had recently used the bus to attend a studio tour in London. This had been great as it allowed staff to socialise and travel out of the area together. In addition to this, staff within the Derian at Home team had recently attended a Spa day for their wellbeing and relaxation. Management we spoke with told us that these days were essential for the wellbeing of staff and the service would continue to provide the bus service when it was not in use by the service users.
- The service held annual team away days Staff we spoke with said these were invaluable as they

cemented team bonding. However, we were told that the housekeeping team had not yet attended an away day. This was raised to management at the time of inspection.

- Management provided support to staff on the closure of a nearby children's hospice and support to the local clinical commissioning group within the catchment area.

Learning, continuous improvement and innovation

- **The service was focussed on continually improving services and sharing best practice externally. The service proactively sought add and embedded new and more sustainable models of care. All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.**
- The service worked in partnership with other organisations to make sure that they were following current practice and providing a high-quality sustainable service. They strived for excellence through consultation, research and reflective practice. They also showed how they would sustain outstanding practice and improvements over time.
- The service was committed to improving services by learning from when things went well or not so well and promoted training and innovation.
- Staff and management, we spoke with were very proud that they had recently presented two posters to the national hospice UK conference; one on tissue viability and the other on the development of the Derian at Home Respite Team.
- Staff at Derian had worked with external organisations to implement "Pink Pack". This was an initiative aimed to implement a children's hospice tool of care for assessment, planning, implementation and evaluation for tissue injury prevention and management; using the Braden/Braden Q Scale (adapted), as guided by the National Institute for Health and Care Excellence (2014). The tool was implemented as a compulsory part of children and young people's care plans following staff awareness training and staff room reminders.
- The hospice had purchased two holiday lodges at Ribby Hall Holiday Village. This saw the launch of Derian on Holiday which allowed the service to send families on a free week holiday every year. We saw numerous feedback letters and cards from families, one example read 'the lodge is lovely, we have enjoyed spending quality time together, thank you so much, we have made more memories to cherish' and another example read: 'absolutely fantastic, to spend time away making happy memories for us all to cherish was a perfect'.
- The service made history in 2018 by tackling the national nursing shortage and became the first hospice to launch its own nurse scholarship scheme. This scheme was funded by the charity and would aim to support a nurse every year.
- Plans were in place to re-vamp the hospice charity shops in Leyland, Chorley and Horwich.
- We saw a programme featuring new fundraising events. An example of this was the introduction of a lottery with its aim to provide a regular source of income to help plan family support and care when it is really needed.
- The clinical education suite was being refurbished and one aim for the hospice was to attain accreditation for external training sessions to the wider audience.
- The hospice had recently been shortlisted and then won an award for a national charity donation website award. Staff and management told us that they all felt that as a team they had achieved so much in such a short time and to be honoured with a nomination was amazing. Results were not available at the time of inspection.
- At the time of inspection, a carers agreement was currently under progress. This agreement was being implemented as children or young adults who had an established care package would sometimes benefit from familiar carers to attend the hospice and continue their care. The agreement demonstrated the delegation of responsibility when a carer from an external agency worked alongside Derian House staff.
- Derian House had created a role to focus on helping young patients develop a support network outside of the hospice to lean on once they turned 26 and must

move into adult services. This post had been funded by an external charity for the period of one year with the possibility of an extension. In September 2019, a national healthcare magazine wrote an article on this achievement, titled 'Children's hospice launches trailblazing transition support role'. Staff we spoke with were extremely proud of this achievement and management told us that following this new service, other providers had been in contact with the hospice.

- The hospice was a finalist in the Red Rose Awards which are prestigious awards in the Lancashire area. The service was in two categories; one for 'In-house training' and another for a 'Not for Profit Business' award.
- Derian House and received several letters of recognition from the Child Death Overview Panel; in recognition of Derian Houses' contribution to the care of dying children and young adults.

Outstanding practice and areas for improvement

Outstanding practice

- The 'Family Splash' service was introduced which gave families the chance to use the heated hydrotherapy pool for fun weekend sessions. Feedback from patients and their families demonstrated that this new initiative was positively welcomed as it brought a touch of normality and fun into their lives.
- As well as having a bereavement service for parents and siblings. We spoke to nine grandparents who attended a grandparent's bereavement group. The group was developed to help grandparents manage on how to support their own children and perhaps other grandchildren in dealing with bereavement whilst also struggling to cope with their own loss. The group met monthly to socialise and help each other to heal through shared memories and experiences. They carried out various activities; for example, afternoon tea, arts and crafts (including memory keepsakes), days and evenings out. We saw examples of memory stones they had made which were placed in the hospice gardens. All members told us that all staff were always very supportive and could be contacted at any time, night or day.
- A sibling's support service was available to ensure that the brothers and sisters of the children the staff were caring for, felt important too. Siblings enjoyed fun day trips out, for example, the children had visited a chocolate factory and a police station. The siblings also were involved in arts and craft activities, such as paint a pottery. We saw that some siblings had designed and created their very own comic. Feedback we reviewed on the sibling's support service was extremely positive from both the siblings and their families.
- A new wellbeing service had been launched to look at the holistic side of care. Children, young people and their families could enjoy free complementary therapies such as massage, Reiki, acupressure and Indian head massage twice a week. We were given an example of a family member of a service user who had received a life changing diagnosis and was offered wellbeing massages and counselling. As part of the wellbeing service, a weekly playgroup for under-fives, baby massage sessions and social get-togethers for patients such as the monthly coffee morning and dads' Friday night club had commenced.
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