Zoe's Place Trust

Zoe's Place Liverpool

Inspection report

Life Health Centre
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Date of inspection visit: 15 November 2023
Date of publication: 06/02/2024

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Outstanding
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

Our rating of this location stayed the same. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept good care records. The service managed medicines well. The service managed safety incidents well and learned lessons from them.
- 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, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families, and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- Staff understood the service's vision and values, and how to apply them in their work. Staff were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Staff did not all have training in key skills.
- The service did not always control infection and safety risks with the environment well.
- The service did not always have effective systems in place to monitor training, cleanliness, and service level agreements with external contracts.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Hospice services for children	Good 	Our rating of this service stayed the same. We rated it as good. See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Zoe's Place Liverpool

Zoe's Place Hospice is a charitable organisation located in West Derby, Liverpool. They provide respite care for babies, infants, and children across Merseyside and the North-West with life-limiting conditions and complex needs.

The current location has been registered with the Care Quality Commission (CQC) since 2010 to carry out the following regulated activities:

Treatment of Disease, Disorder, or Injury of children.

The service had a registered manager at the time of our inspection that had been in post since April 2022.

The service was open 24 hours, 7 days a week.

The service was previously inspected in 2017 and was rated as good.

How we carried out this inspection

Three inspectors carried out this inspection, unannounced using our comprehensive methodology. An operations manager oversaw this inspection.

We observed the service in operation and spoke with 7 staff and 3 parents of children using the service.

We reviewed a wide range of policies and 3 sets of patient records. We also reviewed 5 staff recruitment records and 2 trustee fit and proper persons records to determine if there was safe recruitment and competent staff.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

We found the following outstanding practice:

- Care delivered by the service was consistently holistic and highly personalised to the children with support that extended to the wider family. The service worked across multiple sectors and continually went above and beyond to meet the needs of the children and their families.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Summary of this inspection

Action the service MUST take to improve:

- The service must ensure that governance systems and processes are in place and fit for purpose to assess, monitor, and improve the quality and safety of the services provided in the carrying on of the regulated activity. (Regulation 17(2)).

Action the service SHOULD take to improve:

- The service should ensure that there is suitable flooring that is wipeable to reduce the risk of infection.
- The service should assess the security of the premises and ensure it is secure on both entry and exit.
- The service should ensure safe storage of oxygen cylinders to prevent injury.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Hospice services for children

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

Is the service safe?

Good

Our rating of safe stayed the same. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all staff however did not have effective processes in place to make sure everyone completed it.

On the day of the inspection the mandatory training matrix showed out of date compliance scores for multiple training courses. This was raised with the manager, and we were later provided with an up-to-date version which showed mandatory training compliance rates varied from 69% to 100%. Evidence was provided to demonstrate outstanding mandatory training courses had been completed or booked for staff following our inspection. It was uncertain how accurate compliance rates were on this database as issues had been highlighted with the system.

Staff had a resuscitation e-learning compliance rate of 96%, above the services target. However, basic life support had a rate of 74% due to staff sickness and the service requiring an external trainer to deliver this training for staff. This was raised during our inspection, and we were assured that this training was being arranged for the remaining non-compliant staff.

Not all staff had up to date sepsis training, with a compliance rate of 81%, below the service's target of 95%.

Clinical staff completed training on recognising and responding to children with mental health needs, learning disabilities and autism.

Safeguarding

Staff understood how to protect children, young people and their families from abuse and the service worked well with other agencies to do so. Most staff had training on how to recognise and report abuse and they knew how to apply it.

The service had 2 safeguarding leads who had level 4 training in safeguarding of children and adults in line with the intercollegiate guidance.

Staff employed by the hospice received training specific for their role on how to recognise and report abuse. All staff had level 3 safeguarding of children and level 2 safeguarding of adults in line with the intercollegiate guidance.

Staff knew who the service safeguarding leads were and knew how to make a safeguarding referral if they had concerns. The service had a safeguarding display board with relevant information on and the contact details for the local authorities safeguarding teams.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. We saw 2 examples of the service working closely with the local authority safeguarding teams to protect and care for children.

Cleanliness, infection control and hygiene

Staff used equipment and control measures to protect children, young people, their families, themselves, and others from infection. They kept equipment and the premises visibly clean. However, the service did not always control infection risk well and did not always have systems and processes in place to ensure this.

Ward areas were clean and had suitable furnishings which were clean and well-maintained.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

There were cleaning policies and schedules in place.

Staff followed infection control principles including the use of personal protective equipment (PPE) and the service's hand hygiene audit results for the previous 6 months showed compliance rates between 95% and 100%, all within the trust compliance target.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

Relatives told us that they had no concerns regarding the cleanliness of the hospice.

The service generally performed well for cleanliness. The service audited cleanliness and infection control monthly. We reviewed audit data from the previous 6 months which showed 4 out of 6 months were within the compliance target, however 2 months scored 85% and 88% which was just below the optimal target of 90%.

Some of the hospice areas were carpeted including the cold room where children would rest after death. This was not in line with health building guidance and the service did not have processes in place for the cleaning and maintenance of this carpeted area. This was raised with the manager on the day of the inspection, and we received evidence that this had been cleaned since inspection and that a process had been implemented.

Environment and equipment

The design, maintenance and use of facilities and premises did not always keep people safe. Equipment was maintained and staff were trained to use them. Staff managed clinical waste well.

The service had suitable facilities to meet the needs of children and young people's families including a hydrotherapy pool suite, a family room, and an apartment for families to stay in.

Good

Hospice services for children

The environment was suitable for children and young people with additional needs such as a sensory room, a soft play area and appropriate safety cots.

The service had enough suitable equipment to help them to safely care for children. Staff carried out daily safety checks of specialist equipment. All equipment we checked during our inspection was within date for safety checks and services such as hoists, scales, and observation equipment.

Staff disposed of clinical waste safely and the service had processes in place for the management of clinical and sharps waste.

Staff received training in fire safety and the service had designated fire marshals. Fire extinguishers were accessible, stored appropriately and the service had arrangements in place for the servicing of these and for regular testing of fire alarms.

The service mostly stored oxygen cylinders safely, however when these were not in use, they were not secured to a fixed point which presented a risk of injury to staff.

The service had CCTV monitoring across the hospice for security and secure entrances to the hospice building and the clinical area. However, not all doors were secured on exit, and this was raised with the registered manager during the inspection. The provider had taken action to protect children and made further changes following our inspection.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each child and removed or minimised risks. Staff identified and quickly acted upon children at risk of deterioration.

Staff used a nationally recognised tool to identify children at risk of deteriorating and escalated concerns or changes appropriately.

The service had a policy on the escalation and transfer of the sick child which contained the pathway staff would use and included the Paediatric Early Warning Score (PEWS) tool adapted for hospice use.

Staff used a recognised risk assessment tool to complete risk assessments for each child on arrival and admission. They reviewed this regularly, including after any incident. Children on admission would have a set of observations taken which would be compared to children's previous and baseline observations kept on record so they could identify if a child was deteriorating.

Staff shared key information to keep children and their families safe when handing over their care. We observed 2 hospice and parent handovers of children that included medicines checks, dietary, sleep and health updates.

Nurse staffing

The service had enough staff with the right qualifications, skills, training, and experience to keep children, young people, and their families 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 staff a full induction.

The service had enough nursing and support staff to keep children safe. A children's nurse was on each shift.

Good

Hospice services for children

The service had staff trained at level 1 and 2 of the RCN Competencies: Caring for Infants, Children and Young People Requiring Palliative Care.

The service had no vacancies at the time of inspection and had a low turnover rate.

The service had an on-call nursing rota to cover sickness and to provide support for patient and family emergencies.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift, in accordance with national guidance.

The ward manager could adjust staffing levels daily according to the needs of children. Staff discussed staffing levels at team meetings, we reviewed 3 meeting minute records and saw that staff's clinical opinion of children's needs was considered in the staffing levels.

Managers limited their use of bank staff and only used staff familiar with the service who had received a full induction.

Records

Staff kept detailed records of children's care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Patient notes we reviewed on the day of the inspection were comprehensive and all staff could access them easily. The service's record keeping audits for the previous 5 months showed most months met the compliance target of 90%, as overall compliance rates had been between 89% and 93%.

Records we reviewed contained details of children's emotional, social and spiritual needs alongside their physical, mental and behavioural needs.

When children transferred to a new team, there was a process in place for the safe and timely transfer of their records. The records were a mix of both electronic and paper as they were moving to a paperless system.

Records were stored securely on a digital system.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes to prescribe and administer medicines safely. The service had an in-date medicines management policy to ensure that medications were managed effectively and safely. We saw evidence that staff followed this policy. Each child was assigned to a primary nurse who was responsible for ensuring that medication reconciliations were done, and current medication prescriptions were valid.

Staff reviewed each patient's medicines regularly and provided advice to children and carers about their medicines. The service had a lead nurse for medicines who completed monthly audits of medication records. The child's primary nurse was contacted if any discrepancies were noticed. Evidence of this was provided by the service. A recent audit showed most records had a 100% compliance rate. Two records were documented as not compliant, with 1 prescription record more than 6 months old and 1 record which did not have a contact email for the child's GP surgery.

Staff completed medicines records accurately and kept them up-to-date. We reviewed 3 medicines administration records and found these were comprehensive and included the relevant information such as allergies and children's weights.

Staff stored and managed all medicines and prescribing documents safely. The service had a treatment room for medicines which was locked and could only be accessed by pin code. There was a locked medication fridge where medicines were stored appropriately. Staff completed fridge temperature checks once per shift. These showed that the fridge temperature was within the recommended range. Controlled drugs were securely stored in a locked cupboard and access was secure.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services. At point of admission, risk assessments were done regarding medicines management. A clinical decision form was filled where risks were identified such as, incomplete, or incorrect labelling and nurses liaised with parents and GP services as needed.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

The service had a controlled drugs accountable officer in post who attended the quarterly Controlled Drugs Local Intelligence Network meetings.

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 children and their families honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

The service had had no never events.

Staff knew what incidents to report, how to report them and understood the duty of candour.

Staff reported incidents and near misses in line with provider policy.

Staff received feedback from investigation of incidents and met to discuss the feedback and look at improvements to children's care. The hospice shared incident learning across the Trust so the other hospices could learn from these.

Staff learned from safety alerts and incidents to improve practice. There was a learning culture amongst staff regarding medicine errors. Staff had monthly medicines incident meetings to discuss medicines errors and what could be learnt from them. A notice board with learning points from these meetings was updated in the medication treatment room.

There was evidence that changes had been made as a result of incident investigations such as a medicine dispensing error that had been picked up by staff as a near miss and learning shared with the parents, team members, the pharmacy and the local NHS hospital to make them aware.

Managers investigated incidents thoroughly. Children's families were involved in these investigations, and we saw evidence that duty of candour was carried out when appropriate.

Good

Hospice services for children

Managers would debrief and support staff after any serious incident as part of the incident process. We saw evidence that debriefs for staff also occurred following the death of a child.

Is the service effective?

Good

Our rating of effective stayed the same. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidenced-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance such as NICE quality standards. We reviewed 5 clinical policies; all were version controlled and within their review date.

At handover meetings, staff routinely referred to the psychological and emotional needs of children, young people, and their families.

The service had a “policy of the month” section on the safeguarding display board where each month a different policy would be posted here with a staff register to sign, to ensure staff kept up to date with policies.

Nutrition and hydration

Staff gave children 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 children, young people and their families' religious, cultural and other needs.

Staff made sure children had enough to eat and drink, including those with specialist nutrition and hydration needs. Dietetic reviews were completed to indicate gastric feed types. Speech and language therapy (SALT) assessments were also completed and documented for children as needed. Staff were aware of these assessments and followed them to meet the nutritional needs of children in their care.

Staff fully and accurately completed children's fluid and nutrition charts where required.

Staff had training in specialist nutrition and hydration needs and in the use of gastrostomy and nasogastric tubes. The service had recently introduced a new training module on food allergies and intolerances.

Staff completed comprehensive admission assessment forms that included nutrition needs, the patients’ individual likes and dislikes and religious or cultural needs.

Pain relief

Staff assessed and monitored children 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.

Staff assessed children's pain using a recognised age-appropriate tool and gave pain relief in line with individual needs and best practice.

Children had individual pain control care plans in place and staff assessed children's pain as a minimum twice a day.

Staff administered and recorded pain relief accurately, the medication records we reviewed demonstrated this.

Managers monitored compliance with pain assessments with audits, we reviewed the audit result for the last quarter which showed 100% compliance in records reviewed.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for children and their families.

Managers and staff carried out a comprehensive programme of repeated audits to monitor outcomes for children. The service had a child and family outcomes framework that covered 11 areas such as opportunities for children to have physiotherapy, play therapy and being free from pain.

Outcomes for children were positive and consistent.

Managers and staff used the results to improve children's outcomes, care, and treatment.

Managers and staff investigated outliers and implemented local changes to improve care and monitored the improvement over time. The audit on sibling support highlighted a need to develop evaluations or questionnaires to capture feedback from the siblings which was being worked on at the time of inspection.

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.

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of children, young people, and their families. The service had a competency framework that was comprehensive and followed the Royal College of Nursing guidance.

Managers gave all new staff a full induction tailored to their role before they started work and made sure staff received specialist training for their role such as medical devices like ventilators, and complex care needs like managing children who had tracheostomies for breathing.

Managers supported staff to develop through yearly, constructive appraisals of their work. The service had a 90% appraisal compliance rate in line with the service's target.

Managers supported nursing staff to develop through regular, constructive clinical supervision of their work.

Managers made sure staff attended team meetings or had access to full notes on the digital system when they could not attend.

Good

Hospice services for children

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge, for example training a staff member as a mental health first aider and the opportunity for staff to become champions in a chosen area such as disability champion.

Managers had processes in place to identify poor staff performance and could explain how they would support staff to improve.

Multidisciplinary working

Doctors, nurses, and other healthcare professionals worked together as a team to benefit children, young people, and their families. They supported each other to provide good care.

Staff held regular and effective multidisciplinary meetings to discuss children and improve their care.

Staff worked across health care disciplines and with other agencies when required to care for children, young people, and their families. Hospice staff worked together with other healthcare professionals such as pharmacists, physiotherapists, the local NHS children's hospital, and other hospices to benefit the children and their families.

The service had a service level agreement with the local NHS hospital for a physiotherapist to visit 2 days a week to provide the children with their prescribed physiotherapy treatments.

Seven-day services

Key services were available seven days a week to support timely patient care.

The service was a nurse led facility with a service level agreement in place with a GP practice which could call for support from doctors 24 hours a day, seven days a week if needed. GPs reviewed children and their prescriptions twice weekly.

The service had a service level agreement with the local NHS hospital for a children's physiotherapist to visit twice a week to carry out various forms of physiotherapy with the children. Clinical staff were also trained in delivering some forms of physiotherapy such as chest physiotherapy so that children had consistent care that prevented deterioration.

Health promotion

Staff gave children, young people and their families practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support on the unit. The unit had a health promotion board which was themed at the time of our inspection on nutrition and healthy diets. Staff told us the last promotion board was themed around sleep hygiene.

Staff assessed each child and young person's health when admitted and provided support for any individual needs to live a healthier lifestyle.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported children, young people, and their families to make informed decisions about their care and treatment. They knew how to support children, young people and their families who lacked capacity to make their own decisions or were experiencing mental ill health.

Good

Hospice services for children

The service had a policy on consent which covered consent procedures for several aspects of care such as pain relief administration, therapies, and emergency admission to hospital. The service also had a policy on positive handling of children which was audited monthly to ensure restraint was minimal and staff were complying with the policy and best practice. The monthly audit data showed consistent compliance for the previous 6 months.

Staff understood how and when to assess whether a child or young person had the capacity to make decisions about their care. Staff were up to date with consent training and understood Gillick competence. This had a compliance rate of 96% which was above the services target.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

Staff gained consent from persons with parental responsibility for the child's care, in line with legislation and guidance such as the Children Acts 1989 and 2004. The consent policy outlined who has parental responsibility and competence to consent.

Staff clearly recorded consent in the children's records.

Is the service caring?

Outstanding ☆

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

Compassionate care

Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and consistently met their individual needs.

Staff were discreet and responsive when caring for children, young people, and their families. Staff took time to interact with children, young people, and their families in a respectful and considerate way especially those with mental health illnesses and learning disabilities.

Children's families said staff treated them well and with kindness. They described Zoe's place as "a second family" and told us that staff go the extra mile to support them as a whole family not just their child. We were told of an example where staff had made arrangements for a family who wanted to be together on Christmas day.

Staff understood and respected the individual needs of each child and showed understanding and a non-judgmental attitude when caring for or discussing those with mental health needs.

Staff understood and respected the personal, cultural, social, and religious needs of children, young people, and their families and how they may relate to care needs, with one parent saying, "the staff were so understanding to our concerns, anxieties, and more importantly our child's needs".

Good

Hospice services for children

There is a strong, visible person- centred culture. Staff are highly motivated and inspired to offer care that is kind and promotes people's dignity. Relationships between people who used the service, those close to them and staff were strong, caring, respectful and supportive. These relationships were highly valued by the families who told us they "wouldn't know what to do without them".

Emotional support

Staff provided highly personalised emotional support to children, young people and their families to minimise their distress. They understood children and young people's personal, cultural and religious needs.

Staff gave children, young people and their families help, emotional support and advice when they needed it. The service had a leaflet for children's families on how to support siblings of all different ages of children who died, explaining the common grief reactions and children's understanding of death at different ages.

Staff supported children, young people and their families who became distressed in an open environment and helped them maintain their privacy and dignity. Staff also had training in bereavement support.

Staff understood the emotional and social impact that a child or young person's care, treatment or condition had on their, and their family's wellbeing. People's emotional and social needs are seen as being as important as their physical needs and the service provided a range of therapies, events, and activities to cater to family's needs.

The service had a holistic therapist who offered patients' carers massage, aromatherapy, acupuncture, reflexology, and Reiki treatments.

The service also had a service level agreement with a counsellor, who visited the hospice twice weekly to give families of patients emotional support.

Siblings of patients were offered emotional support from the play leader, who had several qualifications in supporting children's emotional wellbeing and supporting bereaved children and young people from a children's bereavement charity.

Staff always took people's personal, cultural, social, and religious needs into account and these were asked about on admission. The service organised activities throughout the year to celebrate a wide variety of religious and cultural events such as Christmas, Diwali, Eid, and Halloween. The most recent activities had been for Halloween where the children were taken pumpkin picking and then decorated their pumpkins at the hospice.

The service provided animal therapy for children such as visits from a therapy dog and taking the children to a stable to meet horses. We were told by 1 parent that their child loved meeting the horses and they had received photographs of their visit there.

Understanding and involvement of patients and those close to them

Staff supported and involved children and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.

Staff made sure children, young people and their families understood their care and treatment. We observed staff communicating appropriately with children and their families and records we reviewed showed children had their communication needs assessed on referral to the hospice and documented in their records for staff to follow. The service had a variety of leaflets to support families to understand different conditions and treatments.

Good

Hospice services for children

Children's families told us that they had been involved in planning and organising their children's care.

Children, young people, and their families could give feedback on the service and their treatment and staff supported them to do this. Feedback was continually positive about the service and about the way staff treat people. Children's families said that their care and support was "the best thing that happened to our family".

The most recent annual parent survey results for 2022 showed 150 families out of 170 rated the care and support their child received as 5 out of 5.

The service organised events and trips for families and siblings of patients, such as summer and winter parties, bowling, meals, and theme park trips. Siblings had their own activities and events they could attend, so that they could have time where the focus was on them, and they could make friends with other patient's siblings to have peer support. Parents we spoke with told us how beneficial these family and sibling days were with 1 parent saying, "It's really made such a difference to be able to do things together as a family."

The service held bereavement days for families to come together to celebrate their loved ones and get support from the community and the staff.

Is the service responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

The importance of flexibility, informed choice and continuity of care is reflected in the services.

Managers planned and organised services, so they met the changing needs of the local population. Children were offered a minimum of 2 nights a month, with some children having more stays funded by commissioners.

We saw examples of how the service provided flexibility by accommodating children's stays for longer lengths of time when there was a breakdown of care packages, or if families were in crisis.

The play specialist visited the Zoe's place patients that were inpatients at the local NHS hospital 1 day a week to provide continuity of care and opportunities for enrichment.

Facilities and premises were appropriate for the services being delivered and met a wide range of needs of children and families, such as a hydrotherapy room, sensory room and soft play area that were accessible to children of all needs and were equipped with wheelchair access.

The service had systems to care for children in need of additional support and specialist intervention.

Good

Hospice services for children

Meeting people's individual needs

The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help children, young people, and their families access services. They coordinated care with other services and providers.

Staff made sure children and young people living with mental health problems, learning disabilities and long-term conditions received the necessary care to meet all their needs.

All staff had training on person centred care and supported children living with complex health care needs by using 'All about me' documents to record children's likes, dislikes, routine, and their communication style. We reviewed 3 patient records and found these were completed consistently.

The service had information leaflets and signage available in languages spoken by the children, young people, their families, and local community.

Managers made sure staff, children, young people, and their families could get help from interpreters or signers when needed. The service had a member of staff fluent in British Sign Language, but would also ensure a signer was booked to attend when patients and their families came in.

Staff had access to communication aids to help children, young people and their families' become partners in their care and treatment such as Makaton.

The hospice was designed to meet the needs of children, young people, and their families. For the children the service had a light sensory room, a soft play area, hydrotherapy pool and a disability friendly outdoor play area with wheelchair accessible swings.

The service had a "snowdrop suite" which was a cool room for children to rest after death. This room had suitable decorations in, and families were encouraged to bring special items in to personalise the suite for their child. The suite had a lightbox they could put personalised messages on tailored to the families. There was a family room next to the snowdrop suite, where families could go for privacy which had kitchen facilities, toys, and comfortable furnishings. The manager told us they wanted to make sure these spaces felt like a home and not a clinical area.

The service also had accommodation in the building for families to stay if their child was on end-of-life care or was resting in the snowdrop suite.

Children, young people, and their families were given a choice of food and drink and items and facilities to meet their cultural and religious preferences. Families were informed of the religious artefacts and prayer books so they could be provided with what was meaningful to them.

One parent told us how the service identified and removed barriers to join hospice events, with 1 example being that those families who could not drive would be offered transport so they could still take part.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge children and young people were in line with national standards.

Good

Hospice services for children

Managers monitored waiting times and made sure children, young people and their families could access services when needed and received treatment within agreed timeframes and national targets. At the time of our inspection there was no waiting list.

The service had a referral policy containing inclusion and exclusion criteria in line with up-to-date guidance and an eligibility assessment tool to assess whether Zoe's Place Baby Hospice was the most appropriate environment to meet the child's individual needs. The service generally cared for children under the age of 6, however the service was flexible and would accommodate children up to the age of 8 if appropriate and possible.

The service created tailored admission plans for families and children's needs such as day visits for children prior to overnight stays and giving parents the option to stay in the parent's suite at the beginning of their child's overnight stays to alleviate anxiety and allow children and families to settle into the hospice.

Staff supported children, young people, and their families when they were referred or transferred between services. The service had systems in place for planning for transition to young people's services. Records for children who had been discharged were audited yearly to ensure consistency. The results from the last audit carried out showed that 5 out of 5 records reviewed were compliant, including discharge planning, timely documented discussions with family regarding transition plans and referrals for continuing care.

Managers monitored patient transfers to hospital and investigated these to ensure best practice and identify potential learning.

The service had an urgent access pathway in place so that people can be transferred to die in their preferred place if this was required.

The service had received praise from the local NHS children's hospital's complex discharge team for "going the extra mile and providing and facilitating excellent and continued care for children and their families".

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service had systems in place to investigate them and share lessons learned with all staff. The service would include families in the investigation of their complaint.

Children's families knew how to complain or raise concerns. They told us that all staff and managers were approachable, and they would feel comfortable raising any issues.

The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them.

The service had had no complaints in the last 12 months.

Good

Hospice services for children

Is the service well-led?

Requires Improvement

Our rating of well-led went down. We rated it as requires improvement.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

The registered manager had been in post since 2022 and demonstrated the experience, capacity, capability, and integrity to ensure that the strategy can be delivered and risks to performance addressed. The manager told us that the relationship between senior leaders, staff and trustees was effective and there were regular communications between them.

Staff and families told us that senior leaders were approachable and friendly and felt they could approach leaders with any issues. There was a clear leadership structure in place.

Staff spoke highly of the clinical leadership team and felt supported by them through supervision and training.

The trust had a leadership training programme that the registered manager and deputy head of care were undertaking, and the manager told us this opportunity would be offered to other staff in the future. The trust also had a nursing strategy with a 5-year plan.

We reviewed 2 trustee level recruitment files and found the director had only a basic level DBS check which was not in line with guidance or the service's recruitment policy for trustees.

The 2022 staff survey results showed only 50% of staff agreed that heads, directors, and trustees listen to staff views, and only 37% of staff felt that trustees were engaged with the charity. There was an action plan in response to the survey results and it was acknowledged that at the time the survey was taken staff did not feel the trustees were engaged with the charity and a commitment to improve. Further Trustee roles have been appointed to and engagement with staff undertaken in line with the action plan recommendations.

Communication was highlighted as another area of concern by staff in the survey with only 50% of staff saying that communication was effective. In response to this a new role was introduced in the trust who would take on the responsibility of internal communications to improve this.

Vision and Strategy

The service had a vision for what it wanted to achieve and a 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, and a strategy to achieve this. The provider had 5 main aims they were working toward, and this was visible throughout the hospice along with the "core commitments of our nursing team". These were centred around delivering high quality and effective care whilst expanding the service following the COVID-19 pandemic.

Two of the 5 aims were to "increase and retain our nursing workforce" and "invest in our nursing team and empower all to deliver continuous improvement" which were supported by a nursing strategy and 5-year plan.

In the 2022 staff survey 88% of staff said they understood what the hospice wants to achieve as an organisation and 95% of staff knew how their role contributed to the hospice's work.

Culture

Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff knew how to raise concerns and the service had a freedom to speak up guardian and whistleblowing policy.

The service held an annual staff survey across the trust, with the most recent being from 2022. In these results 92% of staff said they knew how to raise concerns about an issue and 94% of staff felt they could approach their manager with any issues.

The service supported the wellbeing of staff with an external employee assistance programme for 24/7 confidential support, wellbeing events and mental health first aiders.

All staff had completed training on equality and diversity and the service had equality and diversity embedded in recruitment processes for fair and equal opportunities.

Governance

Leaders did not always operate effective governance processes. 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.

The service had a clinical governance committee meeting quarterly and a policy review group monthly. Clinical audit and quality improvement were taken to these meetings and the results of the audits shared along with action plans to improve any shortfalls.

The service's policies were version controlled and all policies we reviewed were within their review date. There was an effective process in place across the hospice trust for the management and review of policies.

However, the service did not have effective processes in place for monitoring mandatory training compliance, cleaning of carpeted areas and of service level agreements.

The process in place to monitor training undertaken was not effective as we found multiple training courses with compliance rates which varied from what we found on review of competency files. We found the rate calculations for training completion were inconsistent across the various courses.

The service did not have an efficient process in place for monitoring service level agreements between the hospice and external contractors, such as the holistic therapist. The file for the service level agreements did not contain the up-to-date versions of indemnity insurance certificates or service level agreement contract. These were provided following the inspection and were in place at the time of inspection, just not up-to-date in the file. The holistic therapist provided holistic therapies to patient's family members but only had safeguarding of children training and not adults. This was raised with the manager on the day of the inspection and evidence was later provided to show this had been completed.

Managers did not have oversight of deep cleaning of carpeted areas, this was raised on the day of inspection, and we received assurance following this that a process had been implemented.

Management of risk, 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 service had a risk register and the manager could articulate the main risks the service faced and the actions that had been taken to mitigate these. Managers reviewed the risk register monthly, and oversight of this took place in the health and safety and clinical governance committees. We reviewed the service's risk register and found risks had been appropriately recorded.

One of the service's main ongoing risks was around the aging building. There were actions in place to address this in both the short term and long term. The service had employed a dedicated member of staff to manage capital fundraising to address this in the long term.

The service had plans in place to cope with unexpected events, such as power cuts and emergencies resulting in evacuation. The maintenance manager carried out regular checks of the emergency power supply.

The clinic had valid insurance in place such as employer's liability and medical malpractice liability insurance and these were displayed in the waiting/reception area.

Information Management

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.

The service had policies for the storage of both online and paper records which staff followed.

Staff had access to policies and incident learning through a secure database to understand performance, make decisions and improvements.

Staff completed mandatory training regarding information governance and confidentiality and information held about people was managed in accordance with the provider's data management policy.

The registered manager was responsible for ensuring all notifications were sent to CQC as and when required.

Good

Hospice services for children

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The service had a hospice liaison nurse who to educate services and professionals about the hospices' services to increase referrals and to provide support for families at the beginning of their journey at Zoe's Place.

The service leaders had regular discussions with local hospitals to develop their services and offer more to children and families, such as discussions to provide end of life care at Zoe's Place Liverpool. The service was also in discussions to care for still born babies and provide their families with support and the facilities to make memories through memory making and spending time with their baby that they wouldn't have had otherwise.

The manager was a member of the North-West Paediatric Critical Care, Surgery in Children & Long-Term Ventilation Operational Delivery Network and the North-West Palliative care network and attended these meetings to share learning and keep up to date with best practice.

Learning, continuous improvement and innovation

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. Leaders encouraged innovation and participation in research.

The manager had recently attended a workshop with Together for Short Lives to contribute to the review and development of the definitions of palliative care.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service did not have effective systems in place for monitoring of mandatory training, a schedule for cleaning of carpet in the cold room, or sufficient oversight of service level agreement contracts and insurance.