

Children's Hospice South West

Charlton Farm

Inspection report

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Date of inspection visit:
10 January 2017
11 January 2017

Date of publication:
15 March 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 10 and 11 January 2017 and was announced. The service was last inspected in November 2013 and at that time was meeting all the regulations we looked at.

Charlton Farm offers a service to children and young people who have a life limiting condition and their families. They are able to offer short break 'respite' care and emergency care for up to eight children or young people at any one time in their accommodation facilities. Children can be referred by a family member or a health and social care professional at any time from initial diagnosis to a point when end of life care is required. Charlton Farm generally provides a service to the entire family who are accommodated at the time of the short break. This allows the young person to be cared for by staff so if required the family are able to enjoy time away from their caring responsibilities.

At the time of our inspection, Charlton Farm were offering a service to approximately 200 children and young people and their families, the majority of whom received up to 14 days of care annually. Parents were able to negotiate with Charlton Farm as to when short breaks could be provided. This was managed by Charlton Farm, to ensure fairness so that families received an equitable allocation of popular periods such as weekends and school holidays.

In addition to the short breaks, Charlton Farm offers a range of other services. This includes a dedicated sibling's team. The team was established in response to the recognition of the impact of having a sibling with a life limiting condition. Activities are arranged for siblings during the families' stay at Charlton Farm which enables them to have some fun. They are also encouraged to express their views and feelings of having a sibling that is unwell and the impact this has on them.

Charlton Farm also offers end of life care. Families can stay in the accommodation provided so they can be near their child. There are arrangements in place to provide bereavement support to families when the needs are identified. The hospice also offers 'remembering weekends', which are open to all bereaved families and allows people to support each other and remember their child.

There are approximately 70 active volunteers who augment the work of the paid hospice staff. In addition, there are 28 shops in the community which are involved in fundraising for the three children's hospices run by Children's Hospices South West.

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

People told us staff at Charlton Farm were kind and compassionate. They felt staff had a shared vision of providing care that was of the highest quality. The provider supported staff to achieve this through an

extensive training programme and support from colleagues and line managers.

Children and young people had their health needs met either by medical staff employed by Charlton Farm or by accessing community health and social care professionals. The provider ensured children received their medicines as prescribed and good nutrition.

Parents felt their children were safe at Charlton Farm. There were a number of pre-employment checks to ensure that as far as possible only suitable staff and volunteers were recruited. Staff we spoke with knew how to keep children and young people safe, and what to do if they had any concerns. Staffing levels were sufficient to meet the needs of children and young people staying at the hospice.

Care that was offered to children and young people was personalised and reflected their needs. The needs of children and young people were reviewed prior to every short break visit and during their stay. In this way the provider could assure themselves care was in line with current needs and wishes. Staff were knowledgeable about the children they cared for. They were able to maintain the privacy and dignity of the children and young people whilst providing care and to ensure they met their diverse needs.

Staff were knowledgeable about the individual communication needs of the children and young people. Where possible, they delivered care in line with the child's wishes. Where this was not possible, staff sought consent from parents or used other measures to ensure the child's rights were protected and any decisions made were in their best interests.

The provider worked sensitively with children, young people and their families to help ensure the care and wishes of a child could be realised during their life, when they became unwell and after their death. There was bereavement support that was offered to families after the death of their child.

Charlton Farm provided a suitable environment for children and young people. It was clean and hygienic. There were a range of activities available within the hospice or that could be accessed in the community. The provider had responded to the differing needs of teenagers and young people and had tailored the service they offered in response.

There was a clear management structure within the organisation. Senior managers monitored accidents, incidents or near misses in order to prevent re-occurrences. Learning from any of the providers' three hospices was shared to promote the quality of the service offered. The provider actively sought the views of children, young people and their parents. In this way, they were continually monitoring the quality of the service and trying to improve the outcomes for children and young people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Parents told us they felt their children were safe at Charlton Farm. Staff and volunteers had received training so they could keep children and young people safe. They were knowledgeable about what they should do if they were concerned about any young person.

The provider had completed pre-employment checks so as far as possible, only suitable people were recruited as staff or volunteers. There were sufficient levels of staffing to meet the needs of children and young people.

Medicines were administered as prescribed. There were a number of infection control measures in place in order to minimise the risks of cross infection.

There were risk assessments in place for each child and young person. All accidents and incidents were recorded, monitored and reviewed regularly to minimise the risk of re-occurrences.

Is the service effective?

Good ●

The service was effective. Staff were comprehensively trained and in general, this training was refreshed regularly.

Staff were able to access a range of support from daily catch up sessions during and after each shift, to formal meetings with their line manager.

Staff used a range of communication methods so they could best ascertain the views of children and young people they worked with.

The provider was able to meet children and young people's health needs. This included good nutrition.

Is the service caring?

Good ●

The service was caring. People told us staff were sensitive and compassionate. They provided care that ensured privacy and dignity. Staff understood issues regarding confidentiality and

when they needed to pass information on.

The provider used a document which helped to record the wishes of children and their families during their lives, when they became ill and after their death. In this way a child's death was managed and planned sensitively. Bereavement support was available to families after their child had died.

The provider was able to accommodate children and young people's diverse needs. There was a range of information available to families to signpost them to other services which could support them.

Is the service responsive?

Good ●

The service was responsive. Each child and young person received a comprehensive assessment of their needs prior to their stay at Charlton Farm. This assessment was reviewed before every short break. In this way the provider ensured the service was meeting each young person's current needs.

Charlton Farm was able to provide a range of age specific activities both within the hospice and in the community. The provider was able to recognise and meet the changing needs of children and young people as they became older.

People were encouraged to comment about the care provided. In this way the provider was continually monitoring the service and trying to improve its quality.

Is the service well-led?

Good ●

The service was well-led. Staff had a shared vision of the service. There was a clear management structure with information shared with trustees to ensure the smooth running of the service.

The provider used a number of innovative ways to seek the views of children and young people, particularly if they were not able to communicate verbally.

There were a number of audits and checks in place to monitor the quality of the service. If shortcomings were identified, action was taken to address them. In this way the providers was continually monitoring and reviewing the quality of the service.

Charlton Farm

Detailed findings

Background to this inspection

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

This inspection took place on 10 and 11 January 2017 and was announced. We gave the provider 48 working hours' notice of the inspection. We also needed to be sure senior managers and staff would be available to speak with us on the day. The inspection team consisted of a lead inspector, a specialist advisor who was a paediatric nurse with specialist experience and knowledge of palliative care and a CQC pharmacist. We also used an additional inspector and expert by experience (this is someone who has used or has experience of this kind of service) to complete telephone calls to parents of children who receive a service from Charlton Farm.

Prior to the inspection we reviewed the information we held about the service, including the statutory notifications we had received. Statutory notifications are what the provider has to send to the CQC about significant events that occur at the service. We also reviewed the information included in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the Annual Quality Accounts which services' commissioned by the NHS are required to complete which gives information about the quality of the service.

On the day of the inspection there was only a child and parent using the service. This was because the provider was in the process of a planned closure (except for emergencies) for a week to enable staff training and maintenance of the building. We were able to talk with the parent during the inspection.

Additionally, we spoke with 11 members of staff this included carers, registered nurses, registered manager and people within the human resources department. We looked at care records for six children and young people, medicines records for four children and staff recruitment and training records for seven people, including volunteers.

Following the inspection, we had telephone contact with 20 parents of children who receive a service from Charlton Farm. We also had contact from three healthcare professionals who come into contact with the service; this was a district nurse, children's palliative care nurse and a hospital paediatrician.

Is the service safe?

Our findings

We received many positive comments from parents about the service their children received from the hospice. Comments we received included, "The hospice has been a life saver for us. I don't know how my children, my husband and I would have coped if it wasn't for all the support we've received from them", "Absolutely first class place. I can't image life without them. All the respite care and ongoing support we've received from them over the years has kept my family sane." Parents told us they felt their children were safe at Charlton Farm. In general parents stayed in the on-site accommodation provided by Charlton Farm whilst their children were on a short break stay. However, parents told us they were not required to stay on-site and felt their children were safe at Charlton Farm. A parent gave us an example, where the service was providing care to their son whilst they went on holiday.

We saw there were measures in place to keep children and young people safe from harm as far as possible. The provider ensured child protection training was delivered on an annual basis. All staff and volunteers were expected to complete the basic level of training as a minimum so they were aware of possible abuse and what action to take. More senior staff and registered nurses were expected to complete additional training provided by North Somerset local authority so they could make appropriate referrals to the statutory bodies responsible for investigating possible abuse.

We spoke with staff to ensure they knew how to protect children and young people, and what action they were required to take should they be concerned about someone's safety. The staff we spoke were knowledgeable about safeguarding children at risk. They told us if they had any concerns about the welfare of children, they felt able to raise these concerns with their line managers and these would be discussed immediately. Staff also said they were supported by a designated safeguarding lead who had additional experience and knowledge, and who also had links with the statutory bodies. In this way, they felt there was good communication with the statutory organisations, who kept them informed of current practice.

We looked at recruitment practices to ensure Charlton Farm only recruited suitable volunteers and staff. We checked a number of staff records including three of volunteers. We saw records contained the original application forms and notes of interview. Additionally, the provider had verified people's identity, address and eligibility to work in the UK. There were also additional checks for certain roles, for example, with the Nursing and Midwifery Council for registered nurses to ensure their professional suitability to practice. The provider later told us, they also complete psychometric testing and involved existing staff in the recruitment process to make sure they only recruited suitable staff.

The provider undertook criminal records checks for all staff and volunteers prior to their starting at Charlton Farm. These criminal records checks were renewed every three years in line with good practice guidelines. We saw the provider had developed an internal system which indicated when these checks were due for renewal prior to the expiry date so they could be applied for well in advance.

We noted the provider maintained both paper and/or electronic copies of information such as references. Whilst the information was generally available, we noted for one member of staff a reference could not be

located. We discussed this with the Human Resources manager who told us they were in the process of establishing one set of records by scanning information into an electronic format, so that the recruitment files would be solely computer based. The reference that was unavailable was recorded as being received but could not be located. The Human Resources manager agreed it was likely to have been misfiled and would look for it.

During our inspection we looked at the systems in place for managing medicines, this included speaking to staff, looking at medicines administration records (MAR) and policies and protocols. Parents and young people could administer their own medicines if they wished, and if it had been assessed as safe for them to do this. There were individual lockable medicines cupboards in each bedroom, so that medicines could always be stored securely.

Most medicines were brought into Charlton Farm by parents, and these medicines had been prescribed by the child's own GP. We saw the details of these medicines were copied onto MAR and when administered were signed by staff, in line with protocols. There were also arrangements for the administration of medicines by syringe drivers or pumps (used when medicines cannot be administered orally). There were systems and policies in place to make sure staff regularly checked these pumps were working correctly. In this way, the provider was ensuring children received their medicines as prescribed.

Medicines were stored safely. Medicines that required additional controls because of their potential for abuse (controlled drugs) were stored securely and handled correctly. There were regular daily checks of these controlled drugs, and staff followed up and reported any incidents where necessary. Medicines were stored at the correct temperature to ensure they continued to be effective. There were effective systems for the disposal of unwanted medicines. The provider had a supply of medicines and oxygen for emergency use.

We toured the building and saw it was clean and hygienic throughout. There were a number of infection control measures in place. This included hand sanitisers and personal protective equipment (PPE) located discreetly in each bedroom. There were regular deep cleans of certain areas such as soft play, sensory and art rooms every two months. In this way the provider was minimising the risks from cross infection. Additionally, a staff member had responsibility for infection control and regularly completed audits, the results of which were available to the inspection team.

People told us there were enough staff to meet the needs of children and young people. We saw amongst the staff team there were nurses and healthcare assistants to provide the direct care to children, as well as teacher and play therapists. There were other numerous support roles within the organisation which included sibling workers, cooks, a clinical psychologist and practice educators. The provider did not use volunteers in the direct care of children and young people. The registered manager told us they were able to recruit to vacant posts and did not have to use agency staff. In this way, children and young people were cared for by staff that understood their needs and were familiar with them.

Risks to children and young people were identified, assessed, managed and reviewed. This included information on moving and handling and nutritional needs. For example, we saw a care plan that identified how a child expressed different levels of pain, and the plan gave clear guidance about what staff should do to make the child comfortable and to avoid reoccurrences. The plans and risks were reviewed for each child at every short break stay. In this way the provider was continually assessing risks to help ensure care was delivered safely to children and young people.

Is the service effective?

Our findings

Parents spoke very positively about the staff who worked for the hospice and typically described them as 'compassionate' and 'kind'. Feedback we received included, "All the staff are so professional and always friendly", "Staff have the skills, [there are] always other staff on duty to help."

Staff told us and we saw there was an extensive training programme for staff. We spoke with the practice educators whose role it was to facilitate training and continuous professional development amongst the staff team. They were involved in arranging and delivering the upcoming mandatory training for all staff, which this year had a theme of 'spirituality'. In addition they also provided training once a month at team days and offered support with revalidation of professional roles.

Staff told us their training needs were discussed at meetings with their line manager and reviewed annually. If they felt there were gaps in their knowledge, staff told us they felt able to raise these with their manager and additional training would be accessed for them. All new staff went through a four week induction process, which included at least one day a week on theoretical work. The practice educators/trainers were involved in the assessment of new staff to ensure they achieved the necessary skills to undertake their roles.

We checked the training records and saw for two members of staff, the mandatory annual training, as specified by the provider, had not been refreshed since April 2014 and January 2015. We discussed this with the registered manager who told us staff had missed the week of intensive training for consecutive years and there had been no opportunity to catch up. They were however, about to embark on the mandatory training for this current year. The registered manager told us they would be considering 'mop up' sessions in the future for staff across the organisation, where they have not been able to attend the annual update on mandatory training.

Staff said they were well supported by their managers and peers to undertake their roles. A member of staff told us, "There wouldn't be anybody that would not listen." There was a twice daily catch meeting instigated by staff in charge and at the end of the shift there was 15 minutes protected time which gave staff an opportunity to talk about the day. Formal supervision sessions were offered by a clinical psychologist and staff have access to case debriefs and clinical supervision. In addition, there were monthly team meetings and an annual appraisal of staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes, hospices and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The MCA applies to people aged 16 and over who are unable to make all or some decisions for themselves. We checked whether the service was working within the principles of the MCA. Staff we talked with had all received MCA and DoLS training as part of their mandatory training, and were able to tell us how they supported young people to make decisions for themselves. The provider had assessed all young people over the age of 16 with regard to their mental capacity. If there were restrictions on their liberty, such as the use of bed rails, staff knew how to make the appropriate referrals so the restriction was legally authorised.

Staff sought the views of children and young people before providing care to them. Parent's views were also sought and we saw consent forms were often signed by parents as a way of indicating their agreement with the care provided.

Each child's care plan contained a section which outlined how the child communicated. Staff used a range of communication methods to engage with children and young people based on their individual needs. This included communication aids, eye pointing, body language and facial expressions. We saw in some care plans, photographs which had been taken by the speech and language therapists to show staff how they could use certain actions to indicate meaning to the child. We saw staff were knowledgeable about the different communication methods used by each child.

Charlton Farm was able to meet the nutritional needs of children and young people during their stay. Information was gathered from parents and professionals about the most appropriate way to support children and young people, this was collated and recorded in the care plan. We saw for example, a care plan outlined the crockery and cutlery used for the person which included, 'a small metal spoon from home' and the 'opportunity for the young person to feel their food with their fingers before offering it at the side of their mouth'.

Some children and young people were fed through percutaneous endoscopic gastrostomy (PEG) feeding, which is a tube inserted directly into the stomach of the person to administer a specific type of feed to help them with their nutrition. Staff were trained and continually assessed to manage this type of intervention. Some children were also able to have a 'blended diet' which gave them the opportunity to enjoy 'normal' food. Charlton Farm also had a kitchen which was open to parents to make meals and snacks for themselves or their families if they wished. Many parents commented on the excellent range and quality of the food served by the cooks and their assistants. Typical comments included, "Really good variety, fresh veg. They can accommodate any requests" and "Food is good we have a lot of intolerances like dairy. But the kids love it and they get to choose what they want."

The health needs of children and young people were managed at Charlton Farm. Families told us they had good access to health advice and one parent told us, "It is a weight off my shoulders, it's difficult to track down your own GP so it's nice to know you can speak to them when you're here." There was 24 hour clinical cover provided by the services' medical director, a regular GP and Bristol Docs (which provided emergency GP cover in the local area). A post had recently been advertised for a palliative care consultant to operate jointly between the three South West children's hospices and Bristol Children's Hospital and it was hoped this appointment would reduce the number of doctors involved in cover arrangements.

The registered manager told us they had close links with Bristol Children's Hospital and staff regularly attended multi-disciplinary meetings there. This was confirmed by medical staff from the Children's Hospital who told us the service was held in high regard by families.

Charlton Farm was specifically adapted for the purpose of a children's hospice. There was a range of moving and handling equipment such as hoists, ceiling tracking, specialist baths and a hydrotherapy pool to ensure

the children and young people could be appropriately supported and cared for by staff. We saw equipment was regularly serviced and maintained so it was safe for its intended purpose.

Is the service caring?

Our findings

Parents told us the service was caring. Comments included, "Our named nurse is like part of our extended family. We speak at least a couple of times a month and I know she's always there if we need her" and another parent said, "The staff are lovely, can't praise them enough, they care about the children and us. It is such a lovely feeling the warmth you get from everyone." Another parent said, "They build up a caring relationship. There is a lot of laughter and they cheer us up."

Each family had regular support from staff at Charlton Farm between visits. This helped to ensure families felt supported and prior to any stays at the hospice, information about children was up to date and reflected their current needs.

We observed some contact between staff and children. What we did see reflected a warm and sensitive approach. Parents also told us Charlton Farm supported the whole family, so they in turn were better able to care for their child. This recognised the impact that caring for a child with a life limiting condition had on the family both emotionally and physically. A parent told us, "It's the only place I can get proper rest and switch off entirely."

Staff were able to tell us how they maintained privacy and dignity when providing personal care to children and young people. This included ensuring doors and curtains were closed prior to starting care and talking to the young person and telling them what they were doing throughout. Staff were knowledgeable about issues around confidentiality, this included the circumstances when information about children could be shared and who with. We saw children's files were stored in a staff room which could be only accessed via a security code. In this way the provider was ensuring information was stored appropriately.

The service used a document entitled 'Child and Family Wishes – Discussion Record'. This document detailed the wishes and requests the child and family wanted to be taken into account during their life, when they became unwell and after their death. One parent described the process of completing the form with staff and said, "The staff were open and honest and very gentle about how they explained it. They helped me to understand and to feel ok about asking questions." We saw this end of life care plan had been completed for the majority of children and young people and was regularly reviewed and updated. Where a plan had not been completed it was either because the family did not wish to complete it or the child had just recently been referred to the service. Children and young people were central to this process dependent upon their level of understanding and wish to be involved.

Charlton Farm were able to accommodate children and their family when they were nearing the end of their life. There were the 'Orchard rooms' which gave families the opportunity to be with their children when they were very unwell and the 'Starborn room' after their child had died. Both rooms were located sensitively in a quiet area of the hospice. Bereavement support was offered to families after the death of a child. Charlton Farm also offered a number of remembrance events throughout the year and held a remembrance weekend annually, which families could attend. A bereaved parent we spoke with explained how it was "still good to talk to help to keep them [their child memory] alive."

Staff were aware of the children's and young people's equality and diversity needs and were able to accommodate these. They had a chaplain on site and links with the Polish and Muslim communities, in particular. We were given recent examples where staff had been involved in celebrating different customs, such as lighting the candles on the Menorah (candlestick) during the Jewish festival of Hanukkah, and being with a child who had died and singing with the family through the night. For Muslim families we were told the hospice was able to provide halal meat and for those families who were devote, separate cooking pans, cutlery and crockery for them to use. Staff told us if they were unsure about different faiths and customs they accessed information from relevant local religious leaders or researched on the internet, in order to provide appropriate care.

We saw there was a range of leaflets for parents which sign-posted them to local resources which might be helpful to them. Parents told us they would talk to their named nurse if there were issues where they needed advice or support. Staff were available to support parents in any way. We were given a recent example where a named nurse had attended a meeting about a child's health needs as the parent wanted some support.

Is the service responsive?

Our findings

Parents told us Charlton Farm was responsive to their needs. One parent told us how they had injured themselves and as a single parent they were able to have their child admitted under emergency care, which meant 'they did not have to worry.' Another parent said, "Charlton Farm is a very special place. My child and her siblings love going there, which means we all get a well-earned break and some me time to recharge the batteries. I can't put a price on how much we value Charlton Farms respite service."

Care was personalised to each child coming into service. Once established Charlton Farm was an appropriate placement, a comprehensive assessment of the child's or young person's needs was undertaken so appropriate care could be provided. This included what they liked in their bedroom, an overview of a typical day and their bedtime routine. This information was reviewed and updated with parents prior to every stay so that it reflected the young person's current needs. It was also reviewed on a daily basis during the child's stay. A parent summed it up when they said, "I don't know how they [staff] all know everything about [child's name] but it works."

There were many examples of very specific and personalised care in line with the young person's wishes, such as 'likes one and half Weetabix with cold semi-skimmed milk and no sugar' and 'uses tea tree facial scrub at night.' This level of detail helped to ensure the service was responsive to the needs of the children and young people they provided care to. After each stay, the provider produced a summary of the visit which was shared with other organisations involved with the child and the child's parents. In this way the service was ensuring as far as possible care was provided consistently.

Charlton Farm was spacious, suitable and an appropriate environment for children and young people. There were a range of facilities for activities to take place in, and included an indoor soft play area, messy room for arts and crafts, and a sensory room. There was also ample outside space some of which could be accessed by wheelchairs. One parent told us how the provider had adapted a bicycle so their child could 'race around garden like any other child.' Children and young people were also able to use activities in the community such as the cinema, zoo and going to football matches. Additionally, families could access a cottage in Cornwall for holidays and trips provided by other organisations such as visits to Disneyland Paris or Santa's flight.

Charlton Farm was responsive to the changing needs of teenagers and young people. The teenage room and teenagers weekends were introduced as a recognition that needs of this age group were different. The registered manager told us that the weekends allowed young people to listen to music, play console games, have takeaways and stay up late. The service had changed their working patterns to accommodate a twilight shift between 4pm and midnight so young people could stay up late, if they wished. Whilst many young people using the service were under the age of 18, Charlton Farm could accommodate young people up to the age of their 22nd birthday. In these situations young people over the age of 18 could stay in the accommodation by themselves and make their own choices about what they wanted to do, this included going to the pub if they wished.

Charlton Farm supported young people with their transitional plans into adulthood once they reached 14 years old. A staff member took the lead in considering possible options for young people and liaising with other organisations about future arrangements. We were given an example, where the service had worked with an adult hospice to share care for a young person over 18 years old, so a smooth transition could be made.

The provider had an ethos of encouraging complaints and concerns, and saw it as a way of improving the overall quality of the service. None of the parents we spoke with had made a complaint, although they felt they would be able to if necessary. Parents said they knew their concerns would be listened to and acted upon. Some parents had raised minor issues with staff and told us they had been dealt with efficiently.

There was a formal complaints policy available which outlined how a complaint would be dealt with and the timescales for the provider to respond. We saw the service had received two complaints in the last year neither of which had been dealt with, within the stated time. However, there was a clear recorded explanation why this had not been possible, and a copy of a letter sent to the complainant explaining the circumstances that had prevented a timely response. The provider had made improvements in response to the complaints raised, where these were upheld.

Is the service well-led?

Our findings

Staff and managers had a shared vision of working with children and young people with life limiting conditions. We received comments from parents that summed up their views of staff at Charlton Farm. One parent said "It's not just a job, they are passionate about what they do," and another said "They all want to be there and do the best for each child." Parents considered they had good communication with their child's keyworker and team leaders. The registered manager told us during lunchtimes senior staff were available in the dining room, so parents had an opportunity to talk with them. Although some parents told us they thought Charlton Farm was managed well, some did not necessarily know who the management team was. One parent went onto to say, "The management tend to come in at lunch time and sit together and then go back to the office."

There was a clear management structure in place to ensure accountability for various aspects of the service provision. On a day to day basis the hospice was run by a Head of Care and a Director of Care supported by a deputy. Additionally, as the service is a charity there was a Board of trustees who have responsibility for the running of Charlton Farm and help to determine the direction and vision of the service. The trustees many of whom had a clinical background met three times a year to provide some oversight of the running of the service. We noted that whilst the provider's stated intention was that trustees would visit the hospice twice a year, this had not taken place since April 2015. We discussed this with management staff and they informed us there was a forthcoming planned visit.

In addition to the Head of Care and Director of Care, the service was supported on a daily basis by team leaders who were supernumerary on shift and senior team leader for three areas of work. In this way, there were clear lines of accountability. This was a recommendation from a review of care undertaken during 2015/16 and shows the provider was responsive to recommendations.

The provider maintained a record of all accidents and incidents. The incidents were monitored and reviewed on an ongoing basis by the head of quality and compliance, who took any necessary action as required to help minimise risks. The incidents were logged onto a database and reviewed formally on a monthly basis. In this way any patterns and trends could be identified and learning put in place to minimise future reoccurrences. We were given a good example, where the provider had developed a 'safe handling policy for children with fragile bones' to ensure the safety of children with this condition.

We saw information was gathered by the provider and reported to the trustees. In this way the received information became part of the governance procedure. Each incident, accident and near miss was documented and outlined the issues and concerns. We were given an example, where a homely remedy was being administered by parents with possible side-effects. This led the provider to develop a new protocol in consultation with appropriate authorities so parents could continue to administer the homely remedy, but with some interventions to help protect the child.

Charlton Farm encouraged children, young people and their families to comment on their views of the service so it could be improved. A quality and compliance team leader considered innovative ways to

ascertain the views of children and young people who may not be able to communicate verbally. This included the use of iPads and children's pictorial surveys. In addition, there were family satisfaction questionnaires available in children's bedrooms and a postal survey was sent out twice a year to families. We were able to view the results of the latest postal survey completed in summer 2016 which had 90 respondents including 48 children and young people, with 88% extremely positive about the care they received.

There were a number of quality assurance measures in place to monitor the quality of the service and to ensure it was safe. Staff held responsibility for certain areas of care which they audited regularly, this included records keeping, infection control and fire. Additionally staff's competency to undertake certain roles such as the administration of medicines was also regularly reviewed to ensure it continued to be safe. Managers and trustees met through the Clinical Governance, Strategy meeting and Policy and Practice meeting to share the outcomes of reviews of the quality of the service. If audits or competency checks identified any issues, learning was shared and action was taken across the three provider's hospices to minimise similar risks to children and young people.

Charlton Farm had made links with the local community. They ran a number of charity shops in the area and worked with a large number of volunteers who were involved in fundraising and in many supportive roles. Charlton Farm had links with a local university to offer placements to student nurses. In this way, the provider was raising their profile within the community and providing valuable experience to students on placements.