

Martin House

Martin House

Inspection report

Martin House
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Martin House Hospice on 15 and 22 June 2016. The first inspection day was unannounced. The second day was made by appointment. At the last inspection in January 2014 the service was meeting the regulations we looked at.

Martin House (in patient unit) provides specialist palliative care, respite and end of life care to children and younger adults. The service also supports people in the community. At the time of our inspection visit there were 10 children and younger adults who used the (in patient service). In total 366 people were receiving a service from Martin House .

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

We looked at the way medicines were managed within the hospice. We found people were not always protected against the risks associated with medicines, because appropriate arrangements to manage medicines were not always in place. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff understood children and younger adults' individual needs and the support they and their family members required. Staff were very passionate about their roles and placed people at the heart of their work. We saw that care was provided with the upmost kindness, respect and compassion. Children and younger adults who used the service and relatives spoke highly about the care and service received. The families of the children and younger adults said their right to privacy was fully protected. Families of the children and younger adults told us the service they received was excellent. The hospice provided very good family support, counselling and a bereavement support within and outside the hospice. The hospice had its own chapel inside the quiet grounds of Martin House.

Care was provided to an extremely high standard with an environment for everyone at Martin House that met individual needs both emotionally and spiritually.

Families spoke of the high regard which they had for the hospice and what a significant difference this had made to all the family. Families told us of the support they received from the service in and out of the community. They received extensive services, such as short breaks, music and play therapy and counselling for all the family.

Children and younger adults told us of the excellent food which was available for both people and their families. All the food was made fresh by a small team in the kitchen. The chef told us that they did not do a specific menu; this was dependant on who they had in on the day. The chef tailored this round the

knowledge of the children and young adults in the Hospice. Nutritional assessments were undertaken to identify risks associated with poor nutrition and hydration.

Risks to children and younger adults' safety were appropriately assessed, managed and reviewed. Care records contained risk assessments specific to the needs of the children and younger adults. Their individual views and preferences had been taken into account when their care or treatment plan had been developed

There were systems and processes in place to protect children and younger adults from the risk of harm. Staff told us about different types of abuse and the action they would take if abuse was suspected. Staff were able to describe how they ensured the welfare of vulnerable children and younger adults was protected through the organisation's whistle blowing and safeguarding procedures.

Checks of the building and equipment were completed to make sure it was safe. The service had a comprehensive maintenance file which included any outstanding actions and completion dates throughout.

The registered provider had effective systems in place for responding to concerns and complaints. Children, younger adults and families were asked for their views about the service they received. The registered manager told us they used this as a continuous learning process to ensure everyone received a high quality level of care.

The service had extensive support from other healthcare professionals such as GP, nurses, psychiatrists and tissue viability nurses who supported staff and people with their individual care needs. This meant everyone's needs were addressed.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

We found people were not always protected against the risks associated with medicines, because appropriate arrangements to manage medicines were not always in place.

Appropriate safeguarding policies and procedures were in place. Staff had received training and were fully aware of their responsibility to protect children and vulnerable young adults.

Risk assessments were in place for all clinical areas, equipment, activities, and outings. Risk assessments for each child and young adult balanced the risks associated with activities against the individual's quality of life.

Is the service effective?

Good ●

The service was effective.

Staff were trained appropriately and had excellent knowledge of how to support each person to meet their specific needs.

Children, younger adults and their families told us the food was excellent and that they could have food and drinks whenever they wished.

The registered manager understood the principles of the Mental Capacity Act (MCA) 2005 and how to apply these. Staff had received training on the MCA.

Is the service caring?

Outstanding ☆

The service was extremely caring.

Staff were committed to their roles and the service was highly family orientated with extensive emotional support for both children younger adults and their families.

Care was given with the utmost dignity, respect, kindness and compassion, with spiritual needs being supported and respected.

Relative's feedback about the caring approach of the service and staff was overwhelmingly positive and described it as "Truly amazing", "A haven" and "Excellent."

Is the service responsive?

Good ●

The service was responsive.

The service was responsive to the immediate needs of the children and younger adults and their families and had robust systems in place to be able to respond to an emergency or unexpected event.

Children, younger adults and their family told us they felt listened to. Any concerns were taken seriously and were quickly addressed. No one we spoke to had expressed any concerns about the service.

Is the service well-led?

Good ●

The service was well-led.

There was strong leadership where the culture was transparent in its approach. Staff told us they felt valued.

Auditing procedures and different quality groups provided a framework for ensuring on-going proposals for improvements were considered and carried out. However some audits were out of date at the time of inspection.

Martin House

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 over two days on 15 and 22 June 2016. The first day was unannounced. The second day was made by appointment. The inspection team on day one consisted of one adult social care inspector, a specialist advisor with a background in nursing, a specialist pharmacist inspector and an expert by experience with a background in care of younger adults. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day of the inspection one adult social care inspector returned to the service to complete the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed all the information we held about the hospice, including previous inspection reports and statutory notifications. We contacted the local authority and Healthwatch. We were not made aware of any concerns by the local authority or Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted health and social care professionals who were familiar with the service.

During our visit we spoke with eight children/young adults who used the service, seven relatives, and four members of staff, four volunteers, and two team leaders, the human resource director, estates manager, the service manager and the registered manager. We spent some time looking at documents and records related to the children and younger adults care and the management of the service. We looked at three children and young adults care records and four medication records. We spoke with 10 relatives of the children and young adults in the community on the telephone after the inspection.

Is the service safe?

Our findings

In the PIR the provider told us, 'Care is individualised and takes into account the age and underlying condition and the effect this has on the physical and learning disability of the children/young adults who access the service. Maintaining routine for the child and enabling family members to stay or visit ensures the child feels safe.'

Feedback from young adults and families we spoke with described the service as outstanding and extremely caring. Families told us they had every confidence their child was safe whilst in the care of the staff and the hospice environment and facilities was amazing. One family member told us, "I have stayed in the family room, wow what can I say, it's like you are on holiday. You have all the facilities you could ever need and an amazing view over the gardens." Another family member told us, "The best bit about the family room is that it's where you can just go to sit and think about what is happening and relax at the same time knowing your child is well looked after and cared for by staff we trust."

In the PIR the provider told us, 'Extensive medicines management policy and procedure in place that is followed, including transcribing, prescribing, storage, CDs, disposal, administering, non-prescribed medicines.'

We looked at the way medicines were managed within the hospice. We found people were not always protected against the risks associated with medicines, because appropriate arrangements to manage medicines were not always in place.

We spoke with one nurse, two members of the medical team and the service manager. We looked at five records during our inspection. Medicines were obtained from an external provider who carried out weekly stock checks. There was no clinical pharmacy input to the service to provide advice on prescribing and medicines optimisation.

We looked at how medicines were handled on first admission to the hospice and found that in three of the five records we looked at, medicines were not documented as outlined in the medication policy for the service. We saw details of an incident where a child had missed a medication due to errors with documentation on admission. Medicines were transcribed by the in house medical team; however this was not always done within 24 hours of admission as outlined in the provider's medicines policy. This included Controlled Drugs (CDs- medicines which are more liable to misuse and therefore need close monitoring). An audit in February 2016 had identified these issues, however it was unclear what action had been taken to resolve this and these issues were still evident on the first day of our inspection. We observed medicines administration charts were used for more than one admission and this was not outlined in the medicines policy. For these administration charts further admissions, there was no robust process in place for confirming the medicines on the chart were still current.

We saw documentation produced when a person was discharged from the service and this was thorough and comprehensive. This would ensure enough information about medicines would be available to the

persons GP if needed.

Staff told us parents could continue to administer their child's medicines during admission but there was no formal risk assessment carried out for this. Children and young people could be supported to self-administer medicines but staff told us this rarely happened due to the level of disability many people experienced. We saw lockable cabinets were available in each room for medicines storage but staff told us these codes were not changed on a regular basis. This compromised medicines security. The registered manager told us they would look into this straight away.

Arrangements were in place for recording the administration of medicines, we saw the service did not carry out medicines rounds but gave medicines at the times the child or young adult would receive them at home which was person centred. These times were documented so an appropriate time interval could be left between doses.

Medicines were stored safely in clinic rooms. Fridge temperatures were recorded daily, however maximum and minimum fridge temperatures were not recorded as per national guidance in all areas of the service. Controlled drugs were ordered, received, stored, and disposed of in accordance with required legislation and balance checks were carried out weekly.

These examples demonstrated the service was not meeting the requirements of the Medicines Management. This is a breach of Regulation 12(g) (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment procedures were robustly implemented; new recruits were interviewed by a member of the care leadership team and pre-employment checks were carried out, revalidation for nursing staff was also completed within the hospice. We reviewed and spoke with the care team staff about staffing levels and shift patterns. Staff were confident there were no concerns about their shift patterns or shortness of staff. We saw high staffing levels throughout the hospice, with the ability to bring in more staff if there was a need of acute or end-of-life care or a family were in crisis.

In the PIR the provider told us, 'Safeguarding is paramount both for children and vulnerable adults. Body maps are completed.'

The provider had safeguarding policies and procedures for children and young adults. There was also a whistle-blowing policy. We spoke with members of staff about safeguarding. They all knew the principles of safeguarding and in particular for the vulnerable groups of children and young people they supported. They demonstrated an understanding that this group may be at particular risk and all body maps were completed for each person. All the staff knew how to raise a concern and how to escalate safeguarding issues both internally and externally.

In the PIR the provider told us, 'Security and accessibility of hospice, whilst maintaining a homely atmosphere, is a priority and door codes are changed regularly. Maintenance schedule for building and equipment with external maintenance contracts in place where relevant. Appropriate equipment is available to meet the needs of the service users.'

The building had very secure access which was gained only by a security coded lock or the receptionist where visitor's identity and purpose of visit was established before entry was allowed. All visitors were required to wear a visitors badge and, prior to access to the main area and were requested to use the available alcohol hand wash to prevent the spread of any infections.

Risk assessments were in place for all clinical areas, equipment, activities, and outings. Risk assessments were monitored and reviewed annually or more often where a need for a particular risk changed. Individual risk assessments were completed for families who received home-based care including assessment of the home environment and any family risks. We saw care risk assessments in all the care records that we looked at, detailing personalised assessments for each child or young adult on each stay at the hospice. These had been updated as care needs indicated, for example daily skin mapping for a young adult.

We spoke with the estates manager and they showed us records which confirmed that equipment were tested and serviced on a regular basis as required. Excellent records were maintained. The electrical installation certificate for the premises had been renewed in 2015 when the major refurbishment was completed. An external company tested the emergency lighting system monthly and a contract was in place for maintenance of the automatic entrance doors. Weekly fire alarm tests were completed. Portable appliance testing was carried out annually for all electrical equipment. All of the water outlets were flushed out regularly and the housekeeping staff had received training about this. Specialist baths and hoists were serviced twice a year, and specialist beds had an annual service. The outdoor play equipment also had an annual safety check.

We found that the environment was extremely clean, with a housekeeping team working throughout the week and who were supported by volunteers. Housekeeping cleaning schedules were in place for clinical areas and we saw supplies of personal protective equipment, such as disposable gloves and aprons, in the bedrooms.

Infection prevention and control policies and procedures were in place and staff received training on induction and were updated annually. Volunteers working within the service had the same training as care staff. There was a lead nurse for infection control and an annual infection control report was written. We saw records of comprehensive infection control audits. We were told that infection prevention and control was always an agenda item for team, senior staff and clinical governance meetings. During our visit we observed a high level of good practice in relation to hand hygiene and care interventions, for example when providing personal care.

Is the service effective?

Our findings

We spoke with children and young adults and also relatives at Martin House. All the children and young adults spoke extremely highly of the support and care they received while at Martin House and within their own home. One young adult told us, "I cannot explain really what Martin House does for me. I just feel so relaxed and happy to be here even though I am sometimes really poorly." Another younger adult told us, "My family can come here and stay with me. You don't know what that means to me and my family. My friends can also come and we can sit and chat like we do at home. It's a very relaxed atmosphere. I love everyone here and thank you for what they do."

All the beds in the rooms had wheels on so if the children or young adults were unwell they could still get out into the garden. All the bedrooms had a large glass door which looked onto the six acre of gardens. One family member told us, "Even when [name of child] is so unwell I wheel [name of child] into the garden for some fresh air. Martin House has thought of everything in relation to my child getting out into the garden. We can take [name of child] oxygen out with us as well there is no stopping her."

We found robust and regular specialist training was offered to all staff, tailored to their professional needs and to the individual needs of the children. For example, we looked at a toolkit the hospice developed and used called 'Developing our Care Team'. This looked at staff competency and covered seven areas Communication skills; quality assurance; clinical practice; knowledge and skills; grief, loss and bereavement; education; leadership and management and research and development. The staff we spoke with told us this was an important part of their development within the hospice. The hospice completed a lot of training like moving and handling, fire, infection control which was all up to date.

The registered manager told us supervisions consist of group supervisions or staff meetings The registered manager told us all staff did not receive 1-1 supervisions. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. This was evidenced within the policy that staff would receive these. All staff had completed an annual appraisal which was evidenced in their file. Staff confirmed they received group supervisions and attended regular staff meetings and were well supported. One staff member told us, "I feel this is more than just work they are all my family, I get paid for doing something I absolutely love. Not many people can say that."

The staff team clearly demonstrated a philosophy of integration and we saw they were part of a much bigger jigsaw, they were aware of and able to recognise how to care for a family with a child with a life-limiting condition. The staff recognised that it was important to work in partnership with other providers, such as with hospitals and another children's hospice and for families to see this partnership working in practice. We had lots of conversations with staff during the inspection illustrating how the team worked in an integrated way with a wide variety of teams across their area and at a regional and national level with the other children's hospices. These included fundraising ideas and meetings to discuss best practice The registered manager told us of how the hospices supported each other in partnership of training on all aspects of care. This meant they were able to meet and share good practice and look at new innovating ways of training.

We found the staff team clearly made the most of the time children had. This was evidenced by how well staff clearly knew the children and their families, the attention to detail within their care plans and by the passionate way they spoke about the children at the care team meeting. This was evidenced through speaking to staff and also the documentation looked at during inspection. We saw interactions from staff with families, children and young adults which were person centred and individual to each person they spoke to. One young adult was having a joke with the staff, where another staff member was cuddling a child while talking to their parent who was upset. This showed staff were aware of the individual needs of everyone at the hospice.

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. The care plans we looked at showed children, young adults and their families were involved throughout all decisions of their care.

People can only be deprived of their liberty so that they can 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our visit, there had been no restrictions on a person's liberty. We spoke with staff to check their understanding of MCA and DoLS. Staff demonstrated a very good awareness of this and confirmed they had received training in MCA and completed a work book to reflect their practice.

In the PIR the provider told us, 'We ensure that individualised care is responsive and flexible; adapt to different families' needs; we consult on care planning; focus on what children and young people (CYP) can do rather than what they can't. Individual needs, choices and preferences identified through a number of processes using all clinical and non-clinical expertise of the hospice.'

In the sets of records we looked at there were up to date consent to care and treatment forms and consent for activities. Consent forms for parents included consent for medication administration, first aid and photographs. During our visit we observed that staff sought consent for all care interventions. Physical restraint was not used in the service. Restraint in terms of specialist beds and bed rails were supported by risk assessments and care plans.

Two of the care records we looked at contained 'do not attempt cardio-pulmonary resuscitation' (DNACPR) completed documents. These were both completed fully and supported by comprehensive advanced care plans, both of which had been initiated by a children and young people's palliative care consultant. The document was easily identifiable and accompanied the child whenever they went into Martin House. We observed that during care handovers, the resuscitation status was identified for each child.

We spoke with the chef who told us they prepared food and drinks according to the children and young adults and their families' individual preferences. The chef had an excellent knowledge of people's individual dietary needs. The chef explained that families were encouraged to eat the freshly made meals together in the dining room in a homely environment and we saw families had free-flow access to the kitchen area. We were told by families that the chef and volunteers made birthday cakes for the children and we saw many thank-you cards for the chef and volunteers made by children with help from their families. One family

member told us of how their child's face lit up when everyone sang happy birthday to them, they said, "I could not stop crying but these were happy tears. The staff go out of their way to make sure everyone's birthday here is one to remember. I will always remember my child's birthday here. We took lots of pictures to make memories for all our family." Staff we spoke with told us there was excellent communication with the chef so that children's dietary needs were known and met. For example, where food needed to be pureed or where Halal meat needed to be sourced. The chef said they always tried to have a conversation with a child's parents to find out a list of favourite foods from which to prepare choices in keeping with the child's wishes. The chef told us, "I know all the children here and I know what their favourite meals are. Food is so important to the children and younger adults so I try my best to ensure they have exactly what they want." One family member told us, "The chef knew my son was coming so he especially went out to get him sausages even though these were not on the menu. He walked to the local shop to get him some. They go above and beyond for everyone here and the food is amazing." One child told us, "I love ice cream and I have lots of it here. Sometimes I do not feel very well and my mum can sometimes cry which makes me really upset as well, so I always ask for us both some ice cream as mum likes it too." We observed families all sat together chatting with staff. Nutritional assessment were in place in the care plans we looked at.

Is the service caring?

Our findings

It was highly evident from our observations throughout the inspection that all the staff at the hospice treated all children, young adults and their families with the utmost dignity, respect, kindness and compassion. In addition, we saw they treated each other in the same way. We observed staff speaking softly to each other in the hospice. There was a clear atmosphere of mutual respect and regard for each other regardless of the role within the organisation. The registered manager said, "We all have a part to play to ensure everyone is supported to the highest standard."

A parent told us, "Without Martin House we would not have been able to do half the things we have been able to do with [child's name]." Another parent said "Martin House is a haven and has been a lifesaver for us as a family. This is a fantastic service. We looked at alternatives and walked straight out as we felt they would not get to know [child's name] as an individual and the facilities were basic not like they are here. At Martin House we know they know [child's name] personally and meet her individual needs. The facilities are excellent and [child's name] loves coming here as well as her siblings can't keep them away from the place." Another parent told us, "I can't speak highly enough of them. They have been a fantastic safety net." They described how Martin House staff had supported the family when dealing with medical professionals in difficult situations, attending appointments with them, also helping to accessing specialist equipment for use in their home. The hospice to home team was always available by phone and the counselling service was "Amazing."

We spoke with families who all had nothing but the highest praise and described the hospice an exceptionally caring service for their children and their siblings. Their comments included, "Whatever you want, they do their utmost to fulfil that need to the highest standard", "They are truly amazing and they are there for us throughout each stage", "So much care, thought and consideration goes into everything they do for my child", "They are there for us all, not just our child", "This is such a special place", "All the staff have such passion" and "It's the staff that makes the difference they have so many volunteers here so it just shows you what a lovely place this is."

We saw that Martin House provided child and young adults and family centred care. Families were able to stay with their child or young adult throughout the duration of their stay. Grandparents and other family members and friends were encouraged to visit and there were no restrictions on visiting times or use of facilities within Martin House by visitors.

The registered manager told us end of life care was delivered in a caring, respectful way that enabled individual choice and supported families to have control, with care offered at home, and also in the hospice. We saw the hospice was extremely well equipped to support end of life management with quiet rooms and highly skilled staff available to support relatives and siblings. There was a self-contained suite known as the 'little room,' where relatives and siblings were able to come to terms with their bereavement at their own pace. On the first day of the inspection the suite was not in use so we were able to look at the 'little room'. The room had a small lounge area with two separate rooms for families to sit with their child or young adult following bereavement. Staff explained that when this room was in use, a symbol was discreetly displayed

on entrance doors so all staff would know to be sensitive in affording privacy and respect to the family.

After the inspection we spoke on the phone to a relative who had recently used the 'small room'. They said, "This helped me come to terms with what had happened to my child. We were not rushed in anyway in relation to deciding what we wanted to do about the funeral. Staff came to talk to us when we needed support, and also left us to grieve when we wanted to be alone. This was the hardest time for me and my family but we are getting there. Martin House will always hold a special place in my heart."

We saw a chapel dedicated to different religious and cultural users where people were able to pray or just relax with their families. The chapel was located in a quiet area of the garden with outstanding views of the garden with glass doors round the whole of the chapel. The Chaplin told us, "This is not just for religion it's a place to come and think, draw, play games and talk." The chapel had some small boxes in place which had multiple faith items in each of these boxes. This meant the chapel was not overtly dedicated to any single religion but inclusive of all. The chapel had three books in place dating back to 1987 with all the children and young adults who had passed away at Martin House. The Chaplin told us, "Some parents like to come back just to look in the book and see their child's name, some families find comfort in knowing they will always be a part of Martin House and what we stand for."

In the providers PIR they told us, 'End of life (EOL) care planning takes place in a timely and sensitive way, dependent on the condition of the child or young person, and involves equal partnership. Care is planned and families can revisit care plans. Care does not stop at death and we offer immediate and longer-term bereavement support.'

End of life care could be provided at the child's or young adults home by the hospice to home team or at Martin House. A child or young person approaching the end of life, and their family, could stay at Martin House for as long as needed. The care team liaised proactively with consultants and the palliative care team and expert advice could be obtained 24 hours a day. Anticipatory symptom management plans and prescribing were in place in order to respond to rapidly escalating symptoms at the end of life. Anticipatory prescribing was supported by the GP who had undergone extra training. Advance care plans could be instigated or reviewed as the child's or young person condition changed or at parents' request. We found evidence of anticipatory care planning for end of life care in two sets of records we looked at. This ensured that wishes and wants were documented with reference to preferred place of care, clinical care; psycho-social support, spiritual wishes and care around end of life care and through to bereavement. The child or young person's wishes were documented in their 'All About Me' document and the care team tried to fulfil any special wishes.

Martin House is an active member of Hospice UK and Together for Short Lives, the national bodies for hospice care and children's palliative care respectively. Martin House are active, leading members of the Yorkshire and Humber Children and Young People's Palliative Care Network, including the 3 sub-groups: clinical, research, education/workforce. This meant staff had the up to date training and were involved in research for the Hospice and other organisations. This would benefit every Hospice nationally in leading the way forward.

An information pack provided details of the services offered at Martin House. This gave information about how to make a referral, the hospice to home service, the complaints procedure, and practical advice relating to respite visits and bereavement services.

Is the service responsive?

Our findings

We asked a parent who used the service how well the service responded to changing needs of families. They told us "Our own experience of changing needs was dealt with seamlessly and with the upmost care and compassion. Our family was invited into the hospice to use all the facilities to help with the physio needs for [name of child] and the arts and crafts room to keep her from getting bored. The hospice organised days out and holidays to allow us to make every day count."

The hospice was highly proactive in planning children and young adults care and support. We saw throughout the files family-led care planning underpinned the work the staff carried out with both the young adults and children. Care plans were holistic, considering all elements of the care including physical, social, emotional and spiritual needs. Care plans illustrated families chose where and when to receive care and their needs, wishes and preferences were fully considered. Families told us they felt fully involved throughout the care plans. This meant children and young adults along with their family were able to make their own decisions and choices around their care.

In the PIR the provider told us, 'On referral, families receive an initial visit from our community team to explain the services that are on offer and discuss how they may wish to use them. A system is in place to maintain regular contact with family's in-between visits and receive feedback. Planned care is flexible and responsive and delivered in a way that meets the individual needs of the child/young person and family.'

The families we spoke with told us their child had a planned respite stay at Martin House about three times a year. In between visits, a member of the Martin House team called them every four to six weeks to find out how their child was. Before an admission, a member of the care team called the parents to ask if there were any changes in the child's care needs or any worries or concerns. After each admission, a member of the care team called the family to ask how the child and family felt about their stay and whether there had been any problems. This meant Martin House had all the up to date information before the child was admitted again to the hospice.

The service provided rapid response to any changing needs. For example, they had a 'mobile workforce' which responded to families' needs within the hospice, in the community or in hospital. Staff spoke about this in a very positive way of being able to respond at short notice to the wishes of a family. This meant staff could support children and young adults with 1-1 care when needed. They had a very effective 24 hour on-call which has been well constructed and worked well for families and staff. This was key as we were informed by staff that things could change very quickly and dramatically, be that the child or young adults' condition or within the family. One family member told us that they were staying at the hospice with their child as they had nowhere to go. "I spoke to the staff and straight away they told me not to worry and they would arrange a room for me here at the hospice. They are helping me with financial and emotional support. It has meant so much to me and my children I can't thank them enough." The staff told us, "Families have enough to worry about with their child been poorly without worrying about anything else." Another staff member told us, "We are a big family here so we support everyone not just the children and young adults."

In the PIR the provider told us, 'We encourage and support people to raise concerns as soon as possible and we try to resolve them informally wherever possible, but escalate as necessary. We encourage and support engagement of service users and use a range of methods, e.g. 1:1 discussion, regular interaction, forums, consultation boards, suggestion boxes, surveys.'

We saw there was a clear and comprehensive system that enabled and encouraged children young adults and their families to bring a complaint should they feel it was needed. All the children and young adults had access to staff for any concerns/ complaints to be closely examined and acted upon. When children became upset or anxious there was a qualified counsellor and trained staff available at all times and appropriate support given. Families we spoke with said they had nothing but praise, and expressed no complaints about the service, but they knew the procedure to follow should they wish to raise a concern. Families told us they had confidence their concerns would be acted upon immediately if they raised any. One family member told us, "How could anyone have a complaint about this hospice they are amazing."

The hospice had a forum for young adults every 6 months so they could get together and discuss what they would like to do during their stay at Martin House. These included, badge making, graffiti wall, bag of feelings and memory bags and journals. We saw from the minutes of these meetings the suggestions made were acted upon straight away. The hospice staff supported people to make memory jars which helped siblings remember important things about their brother or sister. These included something physical, a special memory what they liked doing, something I wish I would have known and something they liked doing. The jars were then coloured in five different colours to represent a memory. This meant families and siblings of the children and young adults could have a keepsake of special memories of their loved ones.

A 'feeling faces' and puppet show was also available where children and young adults listened to a story and then discussed their feelings. Pictures were in place to represent feelings. They then chose puppets to play the characters and performed a puppet show for the rest of the group. One young adult told us, "Sometimes it is hard to say what you are feeling so I find it easier to do it this way. It helps me control my emotions." This took place in the hospice throughout the year.

We saw there were excellent recreational facilities including a new interactive room with accessible technology that could be used by children and young adults including those with profound disabilities and sensory impairment. This meant the hospice had areas for inclusion of everyone in the hospice. Staff had been trained to use this highly technological play equipment. An individual programme could be created for each child to reflect their interests. For example, one young adult enjoyed music; the hospice had a piano and a DJ system in place for people to use. The young adult told us this benefitted them through stimulation and a purpose to belong to something. There was also an arts and crafts room and adapted outdoor play area where there was adapted swings, slides and a climbing frame. This meant children and young adults of all abilities could access these. A lounge area and music room had been created for children and young adults. On the first day of inspection we saw some children making memory boxes with their siblings. We saw one person talking to their sibling about what they wanted to be in the box so they could remember them.

There was a big rainbow painted on the walls with pictures of children who had attended Martin House. One family member told us, "We have had foot prints and hand prints done of our child as keep sake. We have also made a memory box and filled this with lots of pictures, paintings, drawings and cards so we can hold on to these memories. It means so much to us as a family to be able to do this."

We observed one staff member supporting a child in the garden. The member of staff told us, "[Name of person] enjoys the fresh air and likes to keep on the go, if [name of person] is happy I am happy." We also

saw many siblings riding their bikes in the six acres of grounds laughing and chatting to other children from the hospice throughout the day. We spoke to one sibling who told us, "I love it here they have so much to do. When my mum says we are coming here to see [name of person] I am so pleased as I get time to spend with my sister and also play out in the gardens. My sister enjoys going on the adapted swing as she can use this while still sat in her wheelchair. I can sit at the side of her on the other swing."

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

The hospice was well led and managed with a firm focus on responding to the needs of individual children and young adults as well as families. We saw strong leadership throughout the inspection. Each staff member had a role to play at Martin House, each and every member of staff were observed showing the upmost compassion to children, young adults and their families. One family who were new to the service were looking round the hospice with a member of staff, the member of staff was very compassionate throughout the whole visit. The family were shown all areas of the hospice and provided with many leaflets to be able to go away and read in their own time.

Families told us their views were highly valued and they felt able to make suggestions that were genuinely listened to and resulted in improvements, such as the development of the children's play area. Families told us they felt fully included and involved in the running of the hospice. They said they particularly found the newsletters and website informative. One family member told us when they no longer needed the services of the hospice they intended to remain affiliated as a volunteer. They said: "They have been our extended family for a long time and we want to put something back into the service as a thank you. This service is superb. They have many volunteers here and they all do it for the same reason because they care."

We saw a very stable and knowledgeable team within the service. Staff spoke very clearly about the support they received throughout the whole organisation. One member of staff told us, "My manager is fantastic, I feel so supported in my role." Another staff member told us, "We are a family here, we all work together no matter what our level of responsibility is, there is not one member of staff that is more or less valued than the other." We observed that staff didn't wear uniforms, all staff as well as volunteers just wore a handmade badge with their name on it. One young adult told us, "It's nice that there are no uniforms as otherwise I would feel like I was in a hospice, (laughing while he was saying this)."

When we asked members of the staff team the key question 'Is this service good enough for your child or young adult ' everyone answered with a very clear 'Yes', giving an overwhelming affirmation of the service. One member of staff told us, "I would not want to have to go through what some parents have to go through but if I had to I would definitely come here. Everyone is so passionate about their role."

More staff feedback included 'Very supportive team. 'And 'The service provided is excellent with positive feedback from families and external professionals. It is a privilege to be part of the service.' A member of staff we spoke with said they were very proud to work for such a "Fantastic amazing organisation." Other feedback from staff were 'As a staff member I feel I am valued and listened to. Any initiatives that I believe will provide a better service to the children, young people and their families are welcomed and invested in. I feel the organisation is dedicated to personal development of staff and am encouraged to grow my knowledge and skills which I have. I love my job at and feel we as an organisation offer a great service to the children young adults and families.'

In the PIR the provider told us, 'We offer training and development to all our staff and have recently commissioned a bespoke management and leadership programme for all managers at Martin House.

There is a monthly clinical leadership team meeting, a weekly clinical team meeting, a daily MDT meeting and a monthly newsletter that goes out to all staff. People development policies were in place to ensure fairness and equality for staff. There were opportunities for healthcare support workers and volunteers to develop, and some of these staff had elected to undertake the care certificate. One member of staff told us they had started to enrol on a leadership and management programme within Martin House. They told us "They want us to have all the qualifications needed to ensure we do our role to the best of our ability."

The registered manager told us that a family survey was carried out in December 2015 and 32 out of 34 surveys had been completed. Questions asked were 'Do you feel safe' and 'Is there enough opportunities to play'. All 32 people surveyed said they were happy and would recommend Martin House. Comments from the survey included, 'Extremely happy', 'Helped me get through an extremely hard time in my life' and 'We were struggling to cope, support from Martin House has been invaluable.' The registered manager told us the family survey feedback was shared with the teams and action plans formulated. They said that service development took account of feedback from children, young people and their families. There was a teenagers group that met monthly with minuted records, a parent's action group, and a family support group. There was a suggestions box in the entrance to the hospice. The registered manager told us that a review of user engagement was planned for later in the year with young people and families to identify a range of different ways to gain feedback and have consultation about service provision and development; they said this was so they could ensure their views helped shape the future service provision.

Families views were gathered regularly using surveys, focus groups and informally during stays and visits. Feedback from families was published in the hospice magazine and monthly newsletters. In one addition on the newsletter a family had completed a competition which was run by the hospice to win the grand finale of strictly come dancing in Wetherby. The magazine showed pictures of the winning parents and their children who were ecstatic to see their parents win.

We saw some systems in place for auditing the quality of the provision. We saw evidence that themed audits took place quarterly as well as monthly audit checks of equipment and practices such as beds, mattresses, hand hygiene and 'bare below the elbow' procedure, with incident and risk reports reviewed by the clinical governance committee. However, some audits which were required to take place monthly and six monthly were a few months out of date. An audit in relation to medication had been completed in February 2016 had identified issues, however it was unclear what action had been taken to resolve this and these issues were still evident on the day of our inspection. We spoke to the registered manager who told us she would make sure these were completed in the time scale required in future and actioned accordingly.

Martin House is an active member of Hospice UK and Together for Short Lives, the national bodies for hospice care and children's palliative care respectively. Martin House are active, leading members of the Yorkshire and Humber Children and Young People's Palliative Care Network, including the 3 sub-groups: clinical, research, education/workforce. They have established and led the Regional Action Group on Transition for young people with life-limiting conditions and are members of the national Transition Taskforce. This meant the registered manager and other senior staff were regularly involved in the teaching of palliative care at local universities for nursing, social care and pharmacy students. The hospice has partnered with Northern Ballet for the last 3 years as part of the national Start Hospices project (run by The Prince's Foundation for Children and the Arts). This meant Martin House was involved in development and involvement in groups nationally to ensure continued progress in the extensive research in the Hospice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not always protected against the risks associated with medicines, because appropriate arrangements to manage medicines were not always in place.</p>