

Sunflowers Care Limited

Sunflowers

Inspection report

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Tel: 01954252138

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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

Sunflowers is registered to provide treatment of disease, disorder or injury for people who may use the service. At the time of our inspection there were two people using the service which included respite care. The service is a two storey premises located in the village of Cottenham close to local shops, amenities and facilities.

This announced inspection took place on 10 August 2016.

The service had two registered managers. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had been trained in recognising any potential harm and they were knowledgeable about how to help protect people from any, or potential, incident of harm. A sufficient number of skilled, safely recruited and competent staff were in post.

People's medicines, including medicines prescribed to be given 'when required' were safely administered by those staff who had been trained and deemed competent. People's medicines were managed and disposed of safely.

Staff were supported in their role with an effective induction, training and on-going clinical supervision and mentoring.

Appropriate risk management strategies were in place to help ensure people were kept as safe as reasonably practicable. Systems were in place to support people in the event of an emergency such as need to evacuate the premises.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The registered managers, nursing, senior and care staff were knowledgeable about if and when a decision needed to be made in any person's best interests.

People were supported by, and they had to access to, a wide range of health care services. People's nutritional support needs were met and people were effectively supported to maintain a safe level of hydration and nutrition. People who were at risk of malnutrition were supported in a safe way.

People's care came first and foremost and this care was provided by staff with compassion.

Staff undertook this role with full consideration of people's needs, dignity. People and their relatives, were

involved in the planning and delivery of the care that was provided. Advocacy arrangements were in place should any child or younger person require this support.

People's care plans contained detailed and sufficient up to date guidance. This was to help ensure that people's care was as individualised as it could possibly be. Reviews of people's care plans were effective in identifying in a timely manner if and when changes were required. People were supported to be given the best opportunities to be as involved in and living as meaningful lives as potentially possible. People were supported with a wide range of hobbies, interests, social awareness and stimulation.

A complaints, suggestions and compliments process was in place and actions were taken to implement changes or sustain good practice. People, staff and visitors were encouraged to provide their feedback and views on the quality of care people received in a variety of ways.

A range of effective audit and quality assurance procedures were in place. This was to help identify what worked well and any area that did not work as well as planned.

The registered managers fostered an open and honest culture within the staff team. Best practice was seen as being part of the day to day care people received. Innovation was considered and acted upon with a tangible benefit so that people could live ordinary lives in extraordinary circumstances. The registered managers enabled people to access the local community.

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.

People were safely supported by staff who knew how to protect them from harm and how to report this should the need arise.

A sufficient number of safely recruited, qualified and competent staff were in post. Risks were managed to help ensure people were kept as safe as reasonably practicable.

Medicines were safely managed and administered.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had been trained and deemed competent for their role.

Staff understood how to apply the various legislation relating to children's consent and where decisions had to be made in their best interests.

People's health and nutritional needs were met including those people who required a liquid or soft food diet.

Is the service caring?

Good ●

The service was caring.

People were encouraged to be as independent as they wanted to be.

People were cared for by staff who respected people's rights, independence and how each person communicated.

People's care records were detailed, up to date and they were kept confidential.

Is the service responsive?

Good ●

The service was responsive.

People's individualised care needs were identified, responded to and this made a tangible difference to each person's life.

A wide range of hobbies and social stimulation was provided to people in the place they preferred.

People's, relatives' and staff's concerns, compliments were investigated and acted upon. Compliments were used to identify what worked well.

Is the service well-led?

The service was well-led.

People, relatives and staff were listened to and they were actively involved in identifying and developing improvements in and to the service.

The registered managers fostered an open and honest culture with people, relatives and staff.

Effective quality assurance and audit processes and procedures were in place and these were used to help drive improvements. Innovation and best practice was seen as being part of people's day to day care.

Good ●

Sunflowers

Detailed findings

Background to this inspection

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

This announced inspection took place on 10 August 2016 and was undertaken by one inspector. We gave the provider 24 hours' notice as some people had anxieties which could be triggered by new visitors they were not aware of and we needed them to be aware that we would be visiting.

Before the inspection the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report. We also looked at the number and type of notifications submitted to the Care Quality Commission. A notification is information about important events which the provider is required to tell us about by law.

We also contacted and received information from organisations that commissioned or arranged care with the service.

During the inspection we spoke with two relatives, both registered managers, two nurses and two health care assistants.

We observed people's care to assist us in understanding the quality of care people received. This was because children and younger people who used the service were not able to communicate with us.

Is the service safe?

Our findings

Staff had a good understanding of the procedures to help protect children and younger people from different types of harm and how these were put into practice. The safeguarding lead nurse told us about the child specific safeguarding legislation and said, "It is not just about keeping people safe. Children have various vulnerabilities and being constantly aware of any external influences that could affect them is essential." This staff member went on to describe what signs a child could exhibit if they had been abused in any way such as being withdrawn, tearful or just not their usual self.

Information about how to recognise and report incidents of harm was publicly available throughout the service for people, staff and visitors. This was also in a child friendly format and included ways people could inform staff if they felt vulnerable. One relative said, "If I ever need staff I just have to ask. Most of the time (due to the person's needs) my [family member] has one to one care so I have no concerns at all." Another relative told us, "One thing you can rely on is there being staff here all the time. My [family member] goes out when they want and staff go with them (to keep the person safe)." The same relative added, "The main reason I feel confident in my [family member's] safety is the staff to children ratio." This showed us that there were systems in place to help ensure people were cared for in a safe way as much as practicable.

Relatives told us that they felt their children were safe at the service because they trusted the staff, that there was always staff present and that their loved ones care had always been provided without delay and without any impact on the person. One relative said, "Relying on someone else to look after your child is a big undertaking so leaving them here wasn't easy but we have never had any worries at all. Everything has been wonderful. You couldn't ask for a better place to be cared for." One staff member told us, "We are here to stand in when parents need a break or where people can't live at home for some time. It is hard for them but there are enough staff to keep people safe."

Staff were regularly trained and assessed as being competent in medicines administration. Staff explained to us what people's medicines were for and any potential side effects. This was as well as telling us how the format of some people's medicines was in a liquid format those people with swallowing difficulties. We saw that staff adhered to protocols for people who were fed in a non-oral way such through a percutaneous endoscopic gastrostomy (PEG). This is a medical procedure in which people are fed and administered their prescribed medicines through a tube into their stomach.

We observed that medicines administration and management was in line with current guidance. This included the storage, disposal and protocols for medicines that needed to be administered straight away such as for those people who experienced seizures. However, we found that the medicines cabinet had not been secured correctly. Although people due to their health conditions could not access these medicines, visiting relatives would have been able to do so. One registered manager immediately secured the cabinet and requested a locksmith to visit the service to add an additional lock. This registered manager also told us that a check of the cabinet's security would be added to the daily medicines' checks.

We found that the provider's systems and procedures helped ensure that only those staff deemed suitable were offered employment with the service. This was evidenced to us by the records that were in place and

by what staff told us. We found that checks that had been satisfactorily undertaken included recent photographic identity and proof of their previous employment history. This was as well as checks to ensure that nurse's registration with the Nursing and Midwifery Council was current. Other checks included a Disclosure and Barring Service check which had been carried out to ensure that the service had only employed those staff who were suitable. One staff member told us, "I had an interview with [registered managers]; I had to bring my passport, utility bill, previous employment history and my qualifications before I was offered position." This demonstrated to us that the systems in place helped ensure that staff with the right skills and aptitude were employed.

Accidents and incidents were investigated and action was taken to prevent recurrence. This included people experiencing a change in their skin condition due to health conditions, a seizure or where they had behaviours which could challenge others. For example, by the appropriate use of pressure sore prevention equipment and strategies to calm people. Appropriate risk management strategies were in place to help ensure people were kept as safe as reasonably practicable. Risk assessments were kept under review and had been amended when required. For example, if a person's transport arrangements had changed due to their mobility. One registered manager told us, "Children need boundaries that are acceptable. Knowing when to apply these is crucial in developing behaviours in a child which are acceptable." We observed that people's request for assistance through sounds, body language and facial expressions were responded to promptly and to the person's satisfaction. This was evidenced by the calmness of the person following staff's interventions.

The provider assessed people's needs using their knowledge of the person, health care professional's guidance and information from relatives. This was frequently reviewed due to the ways younger people's needs changed as well as the changes or improvements in people's wellbeing. This was to help determine the number of staff to safely meet people's needs.

Staff told us and we observed that there was sufficient staff. One staff member said, "It is nice to be able to not just care for people but to help them live a meaningful life. We are here to do the things they can't." Another staff member told us, "If staff call in sick or they are not able to get here due to the weather we can always cover this from existing staff." The registered managers both confirmed that they also worked shifts if this was required. One relative told us, "Every time we visit there is always staff and people are able to do the things they want or need." This meant that there were systems in place to ensure that staff were able to safely meet people's needs.

Is the service effective?

Our findings

The registered managers had a robust programme of staff development and other opportunities in place to support staff with their training, nursing and care skills. We found that the registered managers completed nursing staff's clinical supervision and they made sure that they and their nurses undertook revalidation (Revalidation is the process that all nurses need to follow to maintain their registration with the Nursing and Midwifery Council (NMC)) was undertaken. The provider told us in their PIR that two nursing staff had attended national training about revalidation with the NMC. We found that this had helped staff understand their commitments to uphold their code of practice and reflect on the learning they had undertaken. The lead nurse told us, "Having the skills for younger people is critical and revalidation helps us meet our registration requirements."

All staff we spoke with shared the same opinion about the support that they received saying things like, "It's the best training and support I have ever had." And, "The [registered] managers could not have been more supportive. I have found my training hard but worth the effort. They have been so supportive of me, my time, work life balance and helping me to understand those subjects I struggled with." A children's continuity care team member told us, "My experience when visiting is that the staff are highly skilled and experienced, well trained, confident, competent, responsive, professional and polite."

We found and were told that a formal induction was in place for new staff. Relatives confirmed to us that they had "total confidence" in the staff's ability and knowledge in caring for their loved ones. One staff member told us, "I had a very comprehensive induction. Following all the mandatory subjects such as infection control and prevention, health and safety and basic life support. I have also had specific training in epilepsy care, diabetes care, Makaton [this is a form of electronic pictorial communication], sign language and tracheostomy care." We found that staff's knowledge of children's care needs meant that those children using the service would receive effective care that was based upon their needs and independence.

Formal and regular supervision for all staff was in place and this was planned for the year. Staff told us and we found that the supervision programme that was in place was a two way process. One staff member told us, "I can raise anything relating to, or affecting my, work. The [registered] managers are very supportive. I have their out of hours' phone number and when I have requested support [they have] been very supportive." We found that a staff training programme was in place as well as staff having access to the local authority's and a representative of the provider's trainers. We saw and staff confirmed to us the training and the refresher training for this that they had undertaken. This included subjects including, but not limited to, moving and handling, safeguarding and first aid. Nursing staff told us that they had been given time to reflect on their learning and that there were days set apart to attend formal training and updates to the NMC code of practice. (This code sets out the standards of care people expect from health care professionals.)

We were told and found that the support people needed with their nutrition and hydration required close monitoring. This was for those people fed by PEG and those people at risk due to their health conditions. Relatives told us that the quantity of nutrition including any supplements had aided their family member to maintain a healthy weight. Regular weight checks were in place to monitor people's weight and assist in

identifying if any referrals to a health care professional such as a dietician was required. Healthy food options were also available for those people who ate in an oral way.

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 and other legislation. The registered managers were aware of the process to adhere to should any younger person require care that was in their best interests such as with decisions about health care. We checked whether the service was working within the principles of the MCA. For people under the age, or mental age, of 18 there is accompanying legislation. For example, the Children Act 2004. Most people using the service came under parental control.

Staff had received training on the Children Act, MCA and Deprivation of Liberty Safeguards for those people where this was applicable. Staff had a good understanding of those safeguards relating to children and whether any parental decisions required challenging. Staff described to us how the five key principles of the MCA applied to children between 16 and 18. For example, respecting people's choices, supporting people to make a choice and letting people make unwise decisions where this was safe. Any measures put in place to ensure people were not restricted were in the least restrictive way. One staff member said, "It is about offering a choice of food, clothing, films, and social activities until the person can make their choice. We are here to help them make decisions." Another staff member told us, "Although most decisions can be made by parents there are times when we have to consider the child's best interests." The staff then told us about the various organisations that could contribute to best interest decisions such as the person's health consultants, social worker, staff and family member. The registered managers knew how the Court of Protection could be involved should this be required. This showed us that decisions made for people were lawful and in their best interest.

Most people using the service had very complex health care needs. We found that these needs had been met with a variety of support. This was from the appropriate health care professionals such as a dietician, community dentist, tissue viability nurse, physiotherapist and a speech and language therapists. We saw that the advice, guidance and instruction from health care professionals had been followed such as people's nutritional support. This also included information for use should a person need to be admitted to hospital in the form of comprehensive hospital 'passports'. These documents included detailed guidance on each person's health care such as any anxieties and communication skills. This was especially important for some people who could only communicate a 'yes' or 'no' message. Where changes had been required we found that these had been acted upon. For example, with people's improvements in their communications and advancements in the levels of therapy provided to meet this need. A continuing care team member told us, "Sunflowers has excellent links with the Acute Hospital Trust and Specialist Consultants who they liaise with to ensure a holistic and best practice approach to meeting [persons'] and family needs." People could be assured that their health and nutritional needs would be safely met.

Is the service caring?

Our findings

People's relatives we spoke with were very praiseworthy about the care provided at the service. One relative said, "The difference that they [registered managers] have made to my [family member] is huge. The care is amazing." Another relative told us, "It is a brilliant place. Everyone [staff] is so friendly [to] my [family member] and other children. When I was not able to visit they [registered managers] arranged a [video-telephony product] so that I could keep in touch with my [family member]." All relatives and healthcare professionals we spoke with described the service as a homely environment despite people's health care needs. We saw that a child friendly environment had been created and an atmosphere of calm and tranquillity flourished. For example with music therapy and objects of reference the person could hold when they were going to have a bath. One person had complimented the service during their stay by saying, "These are the kindest people you will ever meet."

Each person had a scrapbook which showed us their achievements and account of their day to day activities. This provided a record of achievements during each person's stay. One relative said, "Sunflowers is a bridge between hospital and home. I have a chance to practice everything associated with [family member's] care rather than suddenly going home. We are a team." One person who had used the service had complimented the service by saying, "Thank you so much for everything... all your kindness and compassion, the laughs and the hugs".

We observed and staff told us that they only entered people's rooms after knocking and asking, "Would it be alright if I came in?" Staff then checked to make sure that the person was happy for the care to be provided. We heard staff addressing people by their names and also showing respect for the person's privacy and dignity. One relative told us, "They [staff] always make sure my [family member] is cared for and they are all absolutely caring and compassionate." Another relative said, "When my [family member] was in hospital someone [staff] sat with them as this keeps them more relaxed by having a familiar face. The whole package is very caring. They [registered managers] even have a vehicle we can use to take [family member] out, home or to hospital appointments." A health care professional had commented, "Sunflowers is a person centred provision that provides high quality care to meet the needs of children and their families."

A health care support worker told us, "There is an element of a 'family feel' to the set-up at Sunflowers which really personalises the provision that is so important for [person] due to the complexity, intensity and severity of [person's] needs. There was a very obvious bond between the staff and the [person] which is one of the reasons why the placement is suitable and appropriate." They added that, "The small and personal nature of the service means that [people are] less likely to be cared for by multiple staff which encourages continuity and stability for [people]."

Our observations confirmed that staff were considerate of people's needs, listened to what people communicated through facial expressions and vocalisations. We also saw how staff gave each person the time they needed to tell staff in their own way how they were feeling or if they wanted anything such as pain relief. We saw how staff spoke softly but clearly so that people could understand the options that they had been given as fully as possible. We observed that all nursing and health care staff provided sensitive and

kind interactions with people. For example, when one person's relative came to see them there was much excitement at the developments and progress the person had made in their communications. We saw that staff spent time with each person in the privacy of their own room assisting with the person's personal care, health, nutritional and hydration needs.

The staff made sure people felt that they were listened to in various ways. This was through assistive technology, sign language, pictorial communication cards as well as body language. One staff member told us, "You can tell by people's tone of voice or the length of time they look at something if this is what they wanted such as food or social activity." We also observed that the registered managers spent time with people and their relatives or parents ensuring that people's needs were as fulfilled as possible.

Staff knew the people they cared for very well. This was due to the time they had cared for people as well as having an understanding of children's care. Examples staff gave us of people's likes and dislikes included their favourite type of toothpaste. And the bath oils the person preferred as well as the films and social activities they liked such as listening to musical instruments and audio books. We saw staff helping people to go out and they made sure the person was warm and as comfortable as practicable. For example, by using their favourite blanket and ensuring that the person was sat comfortably and safely. We also saw from records viewed and our observations that the positioning of some people and their equipment was crucial. This had supported the person to be comfortable and as pain free as possible. We saw that a person's vocalisations were of contentment and happiness. Staff confirmed to us that the person was having a really good day.

Staff showed us and we saw the new format care plans that were being developed. One staff said, "The care plans are very easy to follow. If we ever have new staff it is good to be able to show them what works for each person." We saw that staff involved people in the person's preferred way such as pictorial care plans. They gave us examples of what was special to each person including seeing and doing things with their parents, being wrapped in a special blanket for the person's skin condition, talking about the person's favourite sports person and watching a film at the cinema. This showed us that staff provided care based upon the important aspects of the person's life.

Staff told us how people's dignity was respected. One staff member said, "I always make sure the door is closed or if going to the bathroom that there is no one else around. I make sure everything such as shower gel or towels are in place beforehand." Another staff member told us, "Making sure we have a conversation and explain each stage makes it more dignified as well as putting the person at ease." Care records were held securely and staff ensured that these were only reviewed or read in private.

Relatives, the registered managers and staff confirmed to us, and we saw, that visits to the service could be at any time. This also included overnight stays if the person needed or benefited from this support and comfort. One relative said, "My [family member] is a long way from home but knowing they are so well cared for at Sunflowers makes it easier for us." The relative explained that the overnight stays really helped.

We found that people had parents as their representative who acted as an advocate for them if required. Other advocacy had also been provided through the person's social worker. This was to help ensure that care was in the person's best interests. Advocacy is for people who cannot always speak up for themselves and provides a voice for them. The registered managers and staff were aware of when advocacy was required. This showed us that people's wishes, needs and preferences would be respected if people were not able to speak up for themselves.

Is the service responsive?

Our findings

People's needs were assessed before the registered managers deemed the service suitable and appropriate to meet the person's needs safely such as by visiting the person's home. Other information, including that from any hospital treatments or previous care placements were also used as a way of identifying what was important to each person. With the use of communication technology and member's of staff's communication skills people's views were also considered. Each person had a key nurse. This is a member of staff with a specific role for people's care such as keeping care plans up to date and informing relatives about any changes in people's health. This helped identify changes to the person's care in a timely fashion.

One relative told us, "They [staff] are very good at arranging things. I asked for more physiotherapy for [family member] and this is what happened. It has really helped in their rehabilitation." Another relative said, "The thing I like is the way staff involve [family member] in their subjects they would do if they were at home." This relative added, "Christmas here is just like it would be at home." We also saw how people whose first language was not English were supported by staff. Staff members learned a different phrase each day much to the delight of the parents and children. By consulting with people effectively, using innovative and up to date methods of paediatric care such as the eye gaze equipment. This had enabled the staff to promote people's independence in an excellent way such as by being given the opportunity to be as involved in developing the service as possible.

The provider told us in their PIR that their wish was to enable children and younger people to "Live ordinary lives in extraordinary circumstances". Examples we saw of how the provider supported people included how one person who was not able to access the community because of their health condition. The registered managers had identified ways that had enabled people to do this such as bringing the community to the person. Some of the ways they and staff brought the community to people was by empowering them to use social media, video communications such as filming (with permission).and a virtual tour of a shop and enabling the person to watch this. A continuing care team member told us, "Sunflowers are very proactive in seeking out activities that [person] can engage in and enjoys...they quickly developed a sense of what [person] likes and doesn't like."

Other ways staff supported people with their interests was by accessing the community with a miniature replica of a beach scene on a tray and showing this to the person. This enabled them to experience the same sensory stimulation as if they had visited a beach. This was in addition to other people and their relatives who had attended on a beach hut party day. This miniature sandy beach included sandcastles, mini spades, flags and other seaside items. These items had been positioned so that the person could, in their own way, experience what a beach looked and felt like in the comfort of their room. We saw records of the delight these opportunities gave the person and the significant difference this had made to them. One relative told us, "If there is one thing I would like improving is to move this service into our own home as it is so good. The difference the [registered] manager[s] and staff have made in making [family member] feel like they were at home in such a friendly homely environment is amazing." This view of the excellence of the service, making it person centred, like a home and with the health support people needed was shared by commissioners of the service and health care professionals alike.

People were supported to use equipment that had been obtained to support people who communicated in a non-verbal way such as with sign language, facial expressions and vocalisations. The registered managers had recognised that this limited the person's ability to be involved in their care. To overcome this potential barrier for those people who had limited communication skills they had sought technology. For example, augmentative alternative communication (AAC) with additional assistance from a speech and language therapist. This was to help ensure the person got the most out of this technology and lead a much more meaningful life. AAC includes interventions for forms of communication, other than oral speech, that are used to express people's thoughts, needs, wants, and ideas. For example, by the use of an 'eye gaze' system the person was able to use eye movement to communicate. One of the registered managers told us that this had already opened up a whole new world for one person with the potential for other people using the service to be assisted in a similar way. This was as well as assisting people with their educational support. This meant that younger people could, with progression and support, have the freedom that enabled people to use the same software as potential classmates. And play their favourite games and even access their favourite websites.

Through initial training and trials of the AAC system this had already supported the person to significantly increase their communication with others. This was just the beginning of enabling the person to communicate effectively. Prior to this the person had not previously been able to express their preferences easily. Their progress with this system had been so rapid that additional and higher levels of the support and training had been moved forward. This had been as a result of the effectiveness of this technology and the personal support that the registered managers and staff had provided to the person. There had already been a very positive impact on the person's quality of life. This was confirmed to us by relatives and the registered managers.

For some people who could not safely access the community, additional equipment had been provided and this had been made to fit the person. This had enabled the person to access other areas of the service such as going downstairs in the lift in a safe way. This also enabled them to meet friends and peers in a more family friendly place such as the lounge as well as out in the community. There was also the potential for peer groups to communicate with each other using AAC. This was something that previously, the person was not able to do and this had transformed their social stimulation.

Other ways people were supported in an person centred way was through the engagement of the local 'Rainbows' group. The registered managers had brought this to people in an accessible way such as by members of the Brownies attending the service to meet the person whose aspiration was to be part of the Brownies group but they were unable to attend the group. The person had achieved this aspiration through support of staff, parents and the use of video communication technology. From picture and photographic records viewed we saw the expressions of delight on the person's, relatives' and staff's faces. The person had gained their first badge and the local Brownie group. The registered managers had also engaged with the local community, businesses, shops and tradespeople in many fundraising events. This was solely for the benefit of people using the service and their support needs. People chose how money was spent to the benefit of all people such as improving the quality of life with various new equipment, events and areas within the service which supported people to be the best they could.

Care plans were reviewed as frequently as people's care needs changed. We were shown the new format care plans that were being developed. These included an even more child friendly approach to involve people in the development of the care plans. This was also planned to include the required amount of details staff needed to support each person in a person centred manner. For example, fully informing staff of the person's ability to make informed choices about the clothes they wore, the items of toiletries, the social stimulation and activities people could choose and then undertake. People's current care plans identified

the complexities of people's care but also how in a detailed way that these needs were to be met to maximise each person's potential.

One member of staff was taking a person in their wheelchair to the cinema to see a new film the person wanted to watch. This was so that the person could do this activity in a safe way and at a time the person wanted. Staff told us that the first time the person went to the cinema their face had lit up. And they had been totally immersed in the film and as a result this benefit to the person, access to the cinema and their choices of films had been continued.

Staff told, and showed, us how each person's room was personalised and decorated according to people's needs. Rooms had been named after the seasons. When people attended for respite care the room was decorated with the person's belongings. This also included those items that were important such as pictures of parents, films, toys, electronic communication devices and paintings people had completed. One person had provided positive feedback by commenting, "The first thing I noticed was the pretty mural on the wall." Staff supported people to pursue their interests. One person told us, "I didn't know there was a [name of company] fan club until I met [staff name] which I now follow." Another person commented, "I had time to spend interacting with reptiles and animals." We also saw many pictures in the service of the joy that these occasions had created for people and the difference to their day this had made. For example, we saw the person's expressions of happiness, smiles and delight in their eyes.

Some people had individual and particular care needs such as a particular way to support the person due to their health conditions. The level of detail required to meet people's care and health needs was in line with the support that staff were able to provide. For example, with staff's knowledge of each person and what their potential was. Staff saw the exceptional positives in everything people did. There was a wide range of activities, such as, going to the beach, an animal farm, zoo, sea side for a paddle, access to effective education and local hydrotherapy pools in the service's adapted vehicle. Parents were also insured to drive this vehicle with their children as a way of helping them in the transition process as the child or younger person returned home.

We saw recent photographic records of events and occasions which had been held at the service this included the use of local animal experience groups. This was by those pets which had been trained to work with people with sensory impairments those animals which could recognise if a person was unwell. And, those people who gained advantage from the physical and sensory stimulation these animal experience groups created. We were also shown the service's gardens which had a wide variety of child friendly and accessible items. These items included seating, plants and shrubs, raised beds which children and young people could smell and touch as well as interacting with staff in a safe environment. Other individualised care included music therapy and a sensory room.

People's views and those with limited verbal or non-verbal communication skills were frequently sought and considered. Even if this was through a 'yes' or 'no' system, this still sought people's views. This showed us that the provider considered people's and their relatives views in as many ways as possible. All management and staff knew how to respond to complaints should a complaint be raised. The only complaint made had been resolved promptly regarding the management of medicines. People were actively encouraged to give their views and raise concerns or make suggestions before they had the potential to become a complaint. We saw that a suggestions box was provided and accessible for people and their relatives and visitors. The registered managers both confirmed that their working relationship with people's parents was such that any concerns, changes or suggestions were picked up on their regular visits to the service. One relative said, "I have never had a need to complain as they [the registered managers] are so proactive. They know my [family member] as well, if not better than, me." Another relative told us, "Honestly, everything is really nice. I

can't think of anything I would change. It's perfect."

Is the service well-led?

Our findings

The service had two registered managers and they were both also registered with their professional body, the Nursing and Midwifery Council (NMC). They were supported by a deputy (lead nurse) as well as other nurses, health care assistants and ancillary staff team.

People, relatives', staff members and health care professionals' views about developing and improving the service were frequently sought in the most appropriate way. One relative told us, "I always speak with the staff and [registered] managers when I visit. It's always a delight to listen to the stories they tell me about what my [family member] has been up to, what they have done and what the next steps are."

The provider told us in their PIR of compliments they had received, "Everybody at Sunflowers just wants to do their best for you; they only have your best interests at heart. I think [registered managers] are geniuses and I trust them. So you should do!" One parent said, "A beautiful setting and highly individualised approach to care" and "Sunflowers was like a lifeline to us" "I can never thank you enough for everything. Sunflowers was perfect. It is the reason [family member] was able to move forward. It is an amazing place." And "I will never stop telling everyone that you are the reason [family member] got better." These compliments were confirmed in records viewed on our inspection.

All staff said that the registered managers and lead nurses were very approachable, supportive and that staff felt listened to. The registered managers kept themselves fully aware of the day to day staff culture. This was as well as mentoring and on-going training that put them in the position to provide people's care to the highest possible standard. One staff member told us, "Their [registered managers'] door is truly an open door. I have their mobile number and if I call them I am supported in a positive way." Another staff member said, "They [registered managers] often work a clinical shift, pop in at night or weekend and there is always someone [management] on call. It is good to have their wealth of experience to tap into." A relative told us, "They [staff] always have [family member's needs at heart and they take on board how we feel as well." Another relative said, "[I would] definitely recommend the service to anyone." This showed us that the service supported staff to be as good at their job as they could be.

The registered managers had robust and effective audit and quality assurance processes in place. We found that issues such as staff not consistently signing for people's prescribed medicines had been addressed and further checks were in place. The provider told us in their PIR, "We lead in a culture of openness and transparency and deal with issues as they arise. We constantly seek to improve and update our service and complete regular audits to identify areas for improvement". We found that this was the case. Other audits included those for people at risk of pressure sores, malnutrition and adequate hydration. Appropriate action was taken should any concerns be identified. For example, referral to the person's paediatric consultant if it was identified as being a risk to the person's wellbeing due to their health conditions. A relative told us, "It [the service provided] is perfect. There is nothing I would change."

We observed the passion that the management and all staff exhibited in their day to day care for people and the team approach to making a real difference to people lives. They demonstrated the values of enabling

children and younger people to, "Live ordinary lives in extraordinary circumstances". For example, by giving people the ability to lead a meaningful life despite life changing, or acquired brain, injuries. We also found that the registered managers worked closely with other similar children's services and they had developed positive relationships to share ideas, experience and expertise.

The registered managers had, by using a mock CQC style inspection, identified some areas for improvement which had been acted upon. For example, an improved staff communications diary, reminding staff that they were ambassadors of and for the service and improved medicines administration charts. All of which we found had been implemented and were being demonstrated. Both registered managers implemented innovation such as with the implementation of the AAC technology which had benefitted people. This was as well as being seen by health care professionals as a team that really did get the best out of each person no matter how complex their health care needs may have been. Comments we viewed on inspection confirmed this view.

Both registered managers had a clear understanding about the key risks and challenges in maintaining a skilled staff team. One registered manager told us, "We have had to work hard and it has not always been an easy journey." They added that with the support they had from paediatric hospitals, parents' forums and other nursing staff they had gone on to provide a highly successful service. Comments we received from commissioners' of the service included, "Sunflowers have provided a 'Home' environment for the child in question to live and experience opportunities in a normalised environment that just weren't available in a paediatric intensive care setting at the [name of Hospital] where the child resided for three years prior to [their] transition to Sunflowers".

Planned staff meetings as well as a daily handover meeting helped staff to share and be aware of people's changing or new care needs such as hospital visits or changes to prescribed medicines. Staff strove to ensure that they promoted best practice. During staff meetings they frequently discussed ways of working with people to empower them to lead as full and meaningful life as possible such as with the introduction and success of the AAC.

Many links were maintained with the local community and included but were not limited to visiting Pets As Therapy animals, accessing the community through video links, going to the cinema, visiting a local cathedral and having an ice cream, hydrotherapy, swimming, visiting a farm, singing and going to the seaside.

A community professional told us, "Sunflowers has excellent links with the Acute Hospital Trust and specialist consultants who they liaise with to ensure a holistic and best practice approach to meeting the child and family needs." Proactive engagement had been made by staff with the local education authority. This was in relation to exploring ways in advance of children reaching statutory school age to meet children's educational needs and achieving their full potential. The service was constantly seeking and acting on the views of others such as relatives, health care professionals and therapists as well as hospital consultants and working to the highest standards of care for children. This showed us that the registered managers routinely sought to drive improvement in everything they and the service did.

The service had been recognised for their innovation through an award for social entrepreneurship as well as being nominated for awards with various organisations including Well Child award for team of the year and Child Health Award. These award nominations were for the inspirational qualities of the UK's seriously ill children and young people along with the dedicated health professionals who go that extra mile to really make a difference to their lives. The provider was a member of Hospital networks including but were not limited to those for long term ventilation and child head injury. This helped maintain and implement current

best practice and the most up to date information and skills for management and staff.