

City Health Care Partnership CIC

# City Health Care Partnership CIC - Sunshine House

## Inspection report

Sunshine House  
70 Walker Street  
Hull  
North Humberside  
HU3 2HE

Date of inspection visit:  
14 December 2018  
15 December 2018

Date of publication:  
05 February 2019

## 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

City Health Care Partnership CIC – Sunshine House is a residential respite and short term care home for nine children up to 18 years of age with life limiting or life threatening conditions. There were five children using the service at the time we inspected. The service is built on ground floor level only and situated in a residential area of Hull. There is ample car parking and Sunshine House is close to public transport links.

At our last inspection we rated the service 'good'. At this inspection we found the evidence continued to support the rating of 'good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Children's safety was paramount and staff were trained in ensuring this. They had systems in place to detect, monitor and report any safeguarding concerns. Staff were safely recruited and deployed and their practice around medication and infection control management was robust and safe. The premises were maintained in a safe condition.

Staff practice was effective. They were trained and qualified to carry out their roles, received supervision and appraisal and demonstrated understanding of children's rights and anti-discriminatory practice. Children's health care and nutrition was well supported according to their assessed needs and wishes. The premises were designed and adapted to the needs of children.

We found staff to be caring, compassionate and attentive in their support of children. Staff communicated well with children and respected their independence, choice, privacy and dignity.

Children's support plans were detailed and instructive. They enabled staff to provide the right support to children. Interests and activities were extremely well coordinated with the schools that children attended, as staff also worked with children when in school. Staff understood the principles of good care practice. Complaints were appropriately addressed and satisfied. End of life support was compassionate and responsive to the needs of children and their families.

The service met its registration requirements. There was a registered manager, but the clinical manager had day-to-day charge of the service, with the registered manager being accountable for all management systems and practice. Staff understood their organisation's visions and values and there was an organisational quality assurance system operated by dedicated officers. Parents of children told us they had been asked about their views of the service and felt included in the support of their children. The service continued to provide a good service to the children that spent respite time at City Health Care Partnership CIC – Sunshine House.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# City Health Care Partnership CIC - Sunshine 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 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 inspection took place on 14 and 15 December 2018 and was unannounced. The inspection was carried out by one adult social care inspector. Information was gathered and reviewed before the inspection by looking at notifications and the Provider Information Return, which is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also asked for the views of local commissioners of the service and the local safeguarding children's team at Hull City Council and East Riding of Yorkshire Council.

The methods we used for obtaining information included emails to commissioners and safeguarding teams, telephone calls to parents, interviewing staff, viewing staff and children's files, observation and reviews of records. We spoke with the operations manager, clinical manager, a play specialist and three support workers. We spoke with five parents on the telephone and one who came to the service to collect their child. We looked at three children's files and three staff recruitment and training files. We observed three support workers caring for three children on the second day we inspected the service.

# Is the service safe?

## Our findings

At the last comprehensive inspection we found the service was safe and awarded a rating of Good. At this inspection we found the service continued to be safe.

Parents of children that used the service told us they were confident their children were safe. They said, "Staff are friendly and attentive to children. My child has their favourite staff", "My child likes routine and this is always followed. They are safely cared for" and "My child has specific health needs that could put them in danger if not properly managed. Staff do a good job." A professional at the local NHS Clinical Commissioning Group said, "The unit is staffed appropriately with a strong focus on personalisation with individual care planning alongside the child and their family being a fundamental basis for service provision."

Systems and practice in the service safeguarded children from harm because they were based on policy, ensured procedure was followed, monitored children's needs and reported and recorded any identified concerns. Staff were trained to identify and report any incidents.

Children's risks around play, personal care and health support were assessed and mitigated to ensure they were kept safe. Risk assessment documentation supported this.

Staff were safely selected and recruited using robust systems that we evidenced through the documentation held. Staff were deployed to work with children when they were either at the service receiving respite care or in school, as they also worked with children during the day time.

A robust medicines trail was used and could be followed to evidence that children received their medicines safely. Communications with parents in these matters were thorough.

Prevention and control of infection was to hospital standards and staff understood the importance of maintaining good systems and practice to keep children safe from any infection risks.

Lessons were learned and improvements made because of them so that children were kept safe. For example, some issues had arisen with children's feed pumps and these were addressed and different recording systems put in place to ensure improved service and to avoid the problems arising again. Some issues had arisen with medication administration and so medical advice was sought to enable staff to administer the correct doses.

All children were respected with regard to their differences in race, religion and culture, disability, age and gender. Children with different cultural backgrounds had their needs understood and their family relationships were respected. Children were offered support appropriate to their age: younger children given more tactile care and adolescents encouraged to perhaps listen to music or relax in their bedrooms. Anyone wanting to use the sensory room was enabled to as they wished.

# Is the service effective?

## Our findings

At the last comprehensive inspection we found the service was effective and awarded a rating of Good. At this inspection we found the service continued to be effective.

Parents told us the service met their children's needs. They said, "My child loves coming here and is well supported" and "The facilities are great. Staff know what they are doing." Children's needs were fully assessed. Their treatment and support was delivered to appropriate medical and health care standards and in line with evidence-based guidance and current legislation.

Staff received appropriate training and could undertake qualifications that enabled them to be skilled and experienced in delivering effective care and support.

Children had access to appropriate diets that respected their choice but met the medical needs they had regarding nutrition. For example, some children were on specialist diets such as ketogenic diets (to aid with the management of drug resistant epilepsy). Some were supported through gastronomy feeding. Any child with specific nutritional needs based on their culture, religion or disability were supported in ways that respected these. All details on dietary needs were recorded and followed. Parents' wishes regarding nutrition were followed so long as they coincided with the medical advice that had been given to nourish their children.

Health care for children was mainly the responsibility of parents, but when in respite care, children were supported to maintain their health needs according to diagnosed conditions and appropriate treatments. Staff followed clear guidelines and children's individual support plans.

The premises were safely maintained and this was evidenced through checks and certification. They provided a wide range of excellent and highly suitable facilities and equipment, for example, to ensure children were safely bathed, hoisted and manoeuvred. There were en-suite bathroom facilities and specialist furniture or equipment to ensure children's safety. All rooms had ceiling tracking hoists to aid with safer movement. Corridors and doors were wheelchair friendly and communal space was open-plan. A large sensory room equipped with lights, sounds, textures and a relaxing heated water bed was popular with the children we met. There was a specialist end of life facility for children and their parents to use. The facility was not solely for this purpose, but also provided teenage children with independence during their respite stay if they wanted to use it. Children were allocated beds and bedrooms according to their age and support needs.

Some space (two bedrooms) had been allocated for use by a day-time medical clinic and were therefore being used more extensively. This was discreetly partitioned off from the respite facility during the day.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people of any age 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 interest 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 interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).

Children that used the service were not subject to any Children Act 1989 court orders and therefore any need to apply for a DoLS was done so in the usual way by the local authority and with consent of a parent. We were not aware of any DoLS in place but children's support plans contained information about their specific safety needs around nutrition, personal care, medicines and activities. We found that children voluntarily used the service under the guidance of their parents or guardians and parents we spoke with all said their child loved to receive respite care at City Health Care Partnership CIC - Sunshine House.

## Is the service caring?

### Our findings

At the last comprehensive inspection we found the service was caring and awarded a rating of Good. At this inspection we found the service continued to be caring.

Parents told us the staff were kind and friendly. They said, "I see how caring the staff are in their relationships with the children", "My child really loves being around [Name] and they are so good with them" and "[Name] is really favoured by my child."

The values of kindness, encouragement and protection were evident in the staff practice that we observed. Staff ensured children were clear about the boundaries to care for one another, share and learn. Staff were loving, guiding and nurturing and children responded to the affection and attention they received.

Parents were consulted about their children's support via face-to-face conversations, telephone communication and reviews of needs with staff. Where possible and appropriate children were consulted and encouraged each time they needed to receive personal care, medical interventions or nutrition. Children were offered choices around play and activities. Play workers encouraged children's development and monitored their progress. Children were consulted about pastimes and activities and made choices with them.

Children's wellbeing was monitored from the point of view of their physical health and mental state, to ensure they received the right support at the right time. Parents were always consulted about these needs. Communication needs were respected and staff were making a concerted joint effort to share in the learning of Makaton (sign language for those with a learning disability). This was being done through song. Sing-a-long signing DVDs were popular with children we met and all staff were learning to sing and sign a number for a 'flash mob' performance to be given on Valentine's day at a locally organised City Health Care Partnership information and celebration event.

Personal care was provided to children in their bedrooms or the bathroom and usually by two staff to aid with hoisting or ensure safeguarding was followed. Adolescent children were given space and time in their bedrooms to ensure their privacy and dignity, if and when needed. Some children required audio monitoring to ensure staff were on hand at times of illness or seizure activity, so as to provide 'as and when required' rescue medication, but this was carried out discreetly.



# Is the service responsive?

## Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

Parents told us they thought staff responded well to children's needs. They said, "Staff know what [Name's] needs are, can recognise when they have an issue and consult me to ensure support is right" and "Most of the time staff respond very well to [Name's] needs, but if they can't sort a problem they speak to me or seek health care advice."

Care and support planning was based on children's assessed needs and any medical diagnoses and their required interventions. Support plans were very person-centred, detailed and methodical in their content and layout. They were regularly reviewed and amended and also following any changes in needs. Staff had clear instructions on how to support each child with their needs.

Play was based on learning and age appropriate activities were offered and encouraged.

Any need for monitoring of health and wellbeing was supported by up-to-date information and technology, which staff were aware of through discussions with parents, doctors and health care professionals.

Staff had an organisational complaint policy and procedure to follow that ensured there was a means of addressing and resolving children's and especially parents' complaints. Parents told us of examples where complaints had been raised and how these were resolved to their satisfaction.

End of life care was provided in the form of support with medical and medicinal interventions, compassionate staff being on hand day and night and all according to good practice guidelines relevant to the child's individual needs. Children's cultural, religious and disability needs were respected with regard to any end of life wishes or expectations.

## Is the service well-led?

### Our findings

At the last comprehensive inspection we found the service was well-led and awarded a rating of Good. At this inspection we found the service continued to be well-led.

Parents told us they thought this was the case too. They said, "The clinical manager is good at their job and very approachable" and "Whenever I need to speak with the manager they are helpful and efficient." They also said, "Staff are organised" and "Everyone seems to know what is expected of them and what their responsibilities are." A professional at the local NHS Clinical Commissioning Group was extremely positive in their comments about the service. They said, "Sunshine House is a well-established and valued service for children, young people and their families."

The registered manager understood their legal responsibilities, but day-to-day running of the service was delegated to the clinical manager. This was because the registered manager had overall management of this and several other registered locations where regulated activities were being carried out.

Staff understood the visions and values of the service and practiced these in their work. The organisation operated a regular quality assurance system based on a quality strategy to ensure service delivery was of an acceptable standard, and there was good evidence of quality monitoring taking place within the service itself. Therefore, the service improved when needed after the quality assurance system identified any shortfalls. Following on from this the organisation was considering plans to enable the building and its facilities to be used in different ways and specific options were being looked at.

Children were fully engaged in their support and care while receiving a respite service. Children's time at City Health Care Partnership CIC – Sunshine House was provided to enable parents to have a break from caring for them, so children generally spent it playing, enjoying music and going on outings.

Staff and nurses worked well in partnership with other health and social care professionals. Staff worked with children in school (and in partnership with the school) during their time spent on a respite stay and therefore supported children all through the day and not just before and after school. This aided continuity of care and ensured staff knew what kind of a day children had, including any problems they had experienced.