

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:  
27 April 2016

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14 June 2016

## 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

Sunshine House provides respite and short term care for children up to 18 years old with life-limiting or life threatening conditions. The service is situated in a residential area of Hull. There is ample car parking and Sunshine House is close to public transport links.

This inspection took place on 27 April 2016 and was unannounced. The service was last inspected in September 2013 and was found to be compliant with the regulations inspected at that time.

At the time of the inspection four children were using the service.

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

Children were cared for by staff who could recognise and effectively report abuse. Staff had been trained in how to recognise the signs of abuse and this training was updated regularly. Children were cared for by staff who had been recruited safely and were provided in enough numbers to meet their needs. Staff handled children's medicines safely and had received training in this area. The service was clean and tidy and all staff adhered to safe working practises with regard to infection control.

Children were cared for by staff who were supported to develop their knowledge and skills. The registered provider had systems in place which ensured staff received the right training which equipped them to meet the needs of the children. Children's nutritional needs and diet were monitored by the staff and other health care professionals were contacted when needed. Parents or legal guardians were consulted about the care their children received and consent was gained. The environment had been adapted to meet the needs of the children.

Children were cared for by staff who were kind and caring and who understood their needs. Parents had been involved with the development of documentation which assisted the staff in meeting the children's needs. Staff understood the importance of respecting the child's dignity and privacy.

Children received care which had been discussed and developed with the input of health care professionals, parents and guardians. All activities undertaken had the aim of assisting the child's development and education. The registered provider had a complaints procedure in place which was accessible to all those who wished to raise concerns or complaints. All complaints had been investigated and the complainant informed of the outcome.

The management style of the service was open and inclusive and the registered manager was visible and led by example. Audits were in place which ensured as far as possible children received a safe and well-led

service.

## 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.

Staff knew how to recognise abuse and received training about how to report this to keep children safe.

Staff were recruited safely and provided in enough numbers to meet children's needs.

Staff handled children's medicines safely and had received training.

### Is the service effective?

Good ●

The service was effective.

Staff supported children to access health care professionals when needed.

Staff supported and closely monitored children to maintain their nutritional intake.

Children were cared for by staff who had received training in how to effectively meet their needs.

Parents or legal guardians were involved in any decision making process.

Staff were supported to gain further qualifications and experience.

### Is the service caring?

Good ●

The service was caring.

Children were supported by staff who were kind and caring, and who understood their needs.

Parents or legal guardians were consulted about their child's care.

Staff understood the importance of respecting the children's

dignity.

### Is the service responsive?

Good ●

The service was responsive.

Staff had access to information which described the child and the way their needs should be met.

Activities were provided which stimulated the child and helped their development.

The registered provider had in place a complaints procedure which could be accessed by those wishing to raise concerns or complaints.

### Is the service well-led?

Good ●

The service was well-led.

Staff and parents found the registered manager approachable and supportive.

The fundamental aims of the service were to promote the children's wellbeing and development.

The registered manager undertook audits which ensured the service was safe and well-run.

Parent's views and those who had an interest in the children's wellbeing were sought as to the running of the service.

# 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 registered 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 27 April 2016 and was unannounced. The inspection was completed by one adult social care inspector.

Other agencies were contacted as part of the inspection, to ask them for their views on the service and whether they had any ongoing concerns. We also looked at the information we hold about the registered provider.

During the inspection, we used the Short Observational Framework Tool for Inspection (SOFI). SOFI allows us to spend time observing what is happening in the service and helps us to record how the children spend their time and if they have positive experiences. We observed staff interacting with the children who used the service and the level of support provided throughout the day, including meal times.

We spoke with three parents who were visiting during the inspection. We spoke with six staff including the registered manager.

We looked at four care files which belonged to children who used the service. We also looked at other important documentation relating to the children who used the service such as incident and accident records and three medication administration records (MARs).

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, the training record, staff rotas, supervision records for staff, minutes of meetings with staff and the parents of the children who used the service, safeguarding records, quality assurance audits, maintenance of equipment records, cleaning schedules and menus. We also undertook a tour of the building.

# Is the service safe?

## Our findings

Parents we spoke with told us they felt their children were safe at the service. Comments included, "They [the staff] are very vigilant and look out for [child's name]" and "Yes, I think my child is safe; they are very careful when they care for her." They told us they thought there was enough staff on duty. Comments included, "There are always plenty about and they are so welcoming" and "The staffing levels are great, they seem to have plenty of time to play with [child's name]." Parents told us they thought the service was clean. Comments included, "It's always spotless which is nice" and "All the rooms are always clean."

Staff were able to describe the different types of abuse they may witness or become aware of and said these included psychological, sexual, physical and emotional. They were aware of the changes in children's behaviours which may indicate they were subject to abuse, for example becoming withdrawn or low in mood. They were also aware of physical signs of abuse, for example, bruises. We looked at training records which showed staff had received training in how to safeguard children from abuse and how to recognise abuse. The training also informed staff of the best way to report abuse and their duty to protect children.

All the children's files we looked at contained assessments about aspects of daily life which would pose a risk to the child; for example, nutrition, mobility and seizures. The risk assessments were detailed and instructed staff how to keep the children safe and what signs to look out for to indicate the child was in distress. These signs could be very subtle and might only be an eye movement or a sound.

The registered manager had audits in place which ensured the safety of the children who used the service. They audited the environment and made sure repairs were undertaken in timely way. Emergency procedures were in place which instructed the staff in what action they should take to ensure children's safety if the premises were flooded or services like gas and electricity failed. This had been used recently as the service had been flooded. Staff told us the procedures worked well and all the children were safely evacuated from the building.

The registered provider had procedures in place which staff could follow if they wanted to report any concerns. These were readily available to staff and they knew how to access them. Staff told us they would have no hesitation in raising any concerns or complaints and knew they would be protected by the registered provider's whistle-blowing policy. The registered manager told us they would take all whistle-blowing information received seriously and would investigate it thoroughly or pass it on to the relevant authorities, for example, safeguarding allegations would be passed on to the local authority to investigate.

All accidents and incidents were reported and recorded, actions taken were also recorded. The registered provider had a reporting system in place which analysed the type of accidents which were occurring at the service. Any patterns or trends were identified and changes made where appropriate. This may include training for staff or changes in procedures.

We looked at recruitment files of the most recently recruited staff; these contained evidence of application forms being completed which covered gaps in employment and asked the applicant to give an account of



their experience of caring and supporting children. The files contained evidence of references obtained from the applicant's previous employer where possible, and evidence of checks undertaken with the Disclosure and Barring Services (DBS). This meant, as far as practicable, staff had been recruited safely and children were not exposed to staff who had been barred from working with children.

Medicines were stored and administered safely. Systems were in place to make sure all medicines were checked in to the building and an ongoing stock control was kept. There was a record of all medicines returned to the parents when the children were discharged. We looked at the medicines administration record sheets and these had been signed by staff when children's medicines had been given; staff used codes for when medicines had not been given or refused.

## Is the service effective?

### Our findings

Parents told us they thought the service provided their child with the right diet and nutritional monitoring. Comments included, "The staff make sure [child's name] has the right food to meet her religious needs" and "They make sure [child's name] has the right amount of fluid and food." They thought the staff had the necessary skills to meet the needs of their children. Comments included, "The staff are well-trained they know about [child's name] condition and have told me somethings I didn't know" and "The staff are really knowledgeable and look after [child's name] really well."

The registered manager described to us the process they used to ensure all staff training was up to date and refreshed when required. They kept records of dates when the training had been completed and when it needed updating. The registered provider had identified training which they thought was essential for staff to receive which would equip them to meet the needs of the children who used the service. This included moving and handling, health and safety, safeguarding children from abuse, fire training, emergency evacuation procedures and infection control. Staff told us they found the training was relevant to their role and equipped them to meet the needs of the children who used the service. They told us along with completing the essential training they were also able to access more specific training, for example, autism and epilepsy training.

Induction training was provided for all new staff, their competence was assessed and they had to complete units of learning before moving on to new subjects. New staff shadowed experienced staff until they had completed their induction and had been assessed as being competent.

Staff told us they received supervision on a regular basis and they also received an annual appraisal; we saw records which confirmed this. The supervision session afforded the staff the opportunity to discuss any work related issues and to look at their practise and performance. Staff told us they could approach the registered manager at any time to discuss issues they may have or to ask for advice. The staff's annual appraisals were held to set targets and goals for the coming year with regard to their training and development.

Staff completed daily records which showed how the child had been in their care; parents also completed records which showed how the child had been at home. There were clear lines of communication and staff consulted parents daily as to the child's wellbeing. Consultations were also undertaken with other health care professionals with regard to the child's wellbeing and all those who had an interest were involved.

None of the children who used the service could provide consent due to their age or needs so all decisions and consent for care and treatment were made by the children's parents or their legal guardian.

Many of the children who used the service received their nutrition through a tube which was inserted directly into their stomachs. Staff showed a good knowledge of how this should be undertaken safely so that the child received the right amount of fluid and food. Procedures were followed so the tubes were clean and free from infection; other health care professional were involved to provide advice and treatment when

required. Children's fluid and nutritional supplement intake was closely monitored by the staff and detailed records were kept. Emergency procedures were in place should the child experience any difficulties while receiving their nutritional supplements and staff were aware of these. These included involving families and the emergency services.

Children's health was closely monitored by the staff and charts were in place to ensure consistency, for example, pressure area care and fluid and nutritional supplement intake. Charts were also in place to monitor any seizures children had and again emergency procedures were in place to involve other health care professionals if the child became distressed or the seizures lasted longer than was safe for them.

The building was purpose-built and all rooms were personalised. Large play areas were available for children to use and there was a nicely maintained, large private garden with play equipment.

## Is the service caring?

### Our findings

Parents told us they thought the staff were kind and caring. Comments included, "The staff are fantastic, they are really kind and look after [child's name] really well", "They are so loving and show [child's name] lots of affection" and "[Child's name] couldn't be better cared for." They told us they had been involved with their child's care, including meetings and reviews. Comments included, "Yes, we have lots of meetings and we discuss [child's name] needs every time they come in" and "We have a book which I complete when [child's name] is at home and the staff here complete so I am fully aware of what's happening all the time."

Staff were seen to be kind and caring towards the children. There was lots of laughter, play and cuddles. Staff sang songs with the children and played with them with their favourite toys. Staff were discreet when helping children with their personal needs and this was undertaken in private in their bedrooms or the bathroom.

All children were treated with respect and their dignity was maintained at all times. The registered provider had policies and procedures in place for staff to follow which reminded staff of the importance of respecting different cultures. One child who used the service was of an ethnic minority and staff ensured they had a diet which met their cultural and religious requirements.

All parents or legal guardians were involved with the care their child received. Full consultation had been carried out prior to a service being offered. Parents were consulted on a daily basis as to any changes in the child's needs when they used the service. This was fully documented and parent's wishes were respected. The children's wellbeing was monitored closely while they were at the service and health care professionals were contacted and involved as required.

The service had provided a facility called the 'forget-me-not-room' where children could be comfortable and receive end of life care if their parents wished this. The ambient temperature of the room could be controlled and the lighting could be changed dependent on the situation. Facilities were also provided for parents to stay with their child and this was flexible according to the wishes of the parents. Staff had received training in end of life care and were aware of the needs of the bereaved parents.

Staff understood the need to keep all documentation confidential and only shared information with other professionals as required. Computer systems were password protected; all health care professionals could have input to the computerised records which prevented duplication and enabled important information to be shared. This ensured a full picture of the child's development and wellbeing.

## Is the service responsive?

### Our findings

Parents told us they thought the activities which were provided by the service were good, met their child's needs and helped their education and development. Comments included, "They [the staff] play with [child's name] all the time, they are lovely and sing and dance and play with them" and "The things staff do are helping [child's name] to develop, I can see a change in them." They told us they knew how to make a complaint and who this should be directed to. Comments included, "I am aware there is a complaints procedure and that we can complain to the manager or any of the staff", "I usually discuss anything with the staff and we soon get it sorted, its only little things like clothes" and "The manager and all the staff are really approachable, I would have no problem speaking to them if I had any complaints."

All of the children who used the service had their needs assessed by health care professionals and senior staff at the service prior to receiving care and support. All the care plans we looked at contained detail about the child's needs and how staff should best support them. Risk assessments were in place and these were for diet and nutrition, pressure area care, breathing, and play and development. The care plans also contained information about how the child liked to play and what their favourite toys were. The care plans detailed signs staff were to be vigilant for which might indicate the child was suffering a seizure, for example, this could be as subtle as an eye movement or a sound the child might make.

There was a play and education coordinator employed at the service and their role was to make sure all the children were fully engaged in activities which helped their development and education. These included playing with toys, singing songs, exercising and listening to music. Children who used the service also attended day care facilities or schools which also helped them with their development. The service organised events which included the brothers and sisters of those children who used the service so they could feel part of the care and service their siblings were receiving and not excluded. Youth clubs were also held at the service for the older children.

The registered provider had a complaints procedure which was displayed in the entrance to the service. This told the complainant they could raise concerns with the registered manager or a member of staff and this would be investigated and a response provided, both of these were time limited. The complaint procedure also informed parents they could contact the Local Government Ombudsman or the local authority if they were not happy with the way the registered manager had conducted the investigation.

Staff told us they tried to resolve concerns immediately if possible, for example, concerns about missing clothing or meals, but they would pass anything more serious to the registered manager to investigate.

We saw a record was kept of all complaints received; these recorded what the complaint was, how it had been investigated and whether the complainant was satisfied with the outcome. The registered manager had also kept a record of all compliments and thank you cards sent from parents praising the work the staff had done and the quality of the care provided.

## Is the service well-led?

### Our findings

Parents we spoke with told us they found the registered manager approachable and friendly. Comments included, "She is really nice and always asks us how we are getting on", "I have no hesitations in speaking with the manager, she is very approachable" and "[Registered manager's name] is really nice, I like her." They also told us they had been asked for their opinion about the running of the service and had been invited to meetings. Comments included, "They send round a questionnaire every now and again to ask for our views, I think everything's fantastic here" and "The manager sends out surveys and invites us to meetings, I can't always make it but they are good and we got to know about different things."

The registered manager told us they tried to foster an open and inclusive management style which encouraged staff and parents to approach them if there were any problems. They said, "I'd like to think the staff can come to me for anything. I try to be accessible and I think the staff respond well to that." Staff told us they found the registered manager approachable and could go to them for advice and guidance. Comments included, "The manager is really nice, they will help you anyway they can. I enjoy coming to work, it's like a big family and we always do our best for the children" and "I like the manager, they are friendly and professional. They lead by example and know all the children who come here."

Meetings were held with the staff and minutes seen showed this gave staff a forum in which to air their views and discuss issues. The meetings also gave an opportunity to pass on information about the company and changes which were proposed. There were clear lines of delegation and all managers in the organisation were accessible to staff.

The registered provider has issued information about the aims of the service on their website, these state:- We aim to keep children with complex health needs in education, reduce inappropriate hospital admissions, reduce lengthy hospital stays, offer choices to families, empower children, young children and their parents/carers to be in control and prevent children with complex health needs from ending their life in a hospital bed unless that is their choice. This was achieved by strong leadership and a well-motivated and trained staff team.

There is currently a registered manager in post and they understood their responsibilities with regard to their registration. They also understood the requirements placed on them by the regulated activity of the service and how this affected the care and support provided to the children who used the service. The registered manager told us they kept up to date with changes or new ways of working by using the internet; they had also signed up for regular newsletters issued by organisations which undertook research into the way children were cared for.

Surveys and meetings were undertaken with the parents of the children who used the service and visiting health care professionals to ascertain their views about how the service was run. The surveys identified various topics for parents to comment on and these views were collated and analysed with action plans set to address any short falls. The registered provider published the finding of surveys and audits and compared these to other services which they ran.

The registered manager had systems in place which evaluated the environment and helped to identify areas for improvement, it also monitored the level of cleanliness of the service.

The registered manager showed us records which indicated they undertook regular audits of the service provided. These included audits of children's care plans, the environment, medicines, health and safety, staff training and staff recruitment. The registered manager made sure equipment used was serviced and maintained as per the manufacturers' recommendations. The fire alarm system was checked regularly and all fire fighting equipment was maintained and serviced.