

Zoe's Place Trust

Zoe's Place

Inspection report

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Ratings

Overall rating for this service

Outstanding



Is the service safe?

Good



Is the service effective?

Outstanding



Is the service caring?

Outstanding



Is the service responsive?

Outstanding



Is the service well-led?

Good



Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service

This was an unannounced inspection carried out on 6 August 2014. We last inspected the service on 18 July 2013.

Zoe's Place in Middlesbrough is part of the national organisation, Zoe's Place Trust. The service provides care and support for up to six children who have life limiting illnesses, with special and complex needs to varying degrees. The service offers respite, palliative and terminal care to children aged from birth to five years.

Summary of findings

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The children who were at the hospice on the day of the inspection were unable to speak with us either because they were too young or they had complex needs which made communication very difficult. We spoke with the parents and carers of eight children who used the service. They described the hospice as “Brilliant”. One person said, “The staff give amazing support.” Another person said, “We couldn’t do without them now.” We also spoke with the hospice’s registered manager, acting deputy head of care, a registered children’s nurse, a support worker and two nursery nurses.

Parents and carers told us that they felt that their children were in safe hands and we saw there were systems and processes in place to protect children from the risk of harm.

Risks to children’s safety were appropriately assessed, managed and reviewed. Care records we looked at during the inspection contained a number of risk assessments specific to the needs of each child.

There was sufficient staff on duty to meet the needs of children. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff started work.

Parents / carers told us that their children were cared for and supported by skilled and experienced staff. Parents / carers told us that the care children received was excellent. Staff who worked at the service were extremely knowledgeable about the care that children received.

Staff we spoke with had an excellent knowledge of each child’s dietary needs. A dietician was involved in providing advice for all children who used the service. This ensured that children’s nutritional needs were catered for.

Children were supported to maintain good health and had access to healthcare professionals and services. Staff at the service had open access to the paediatric day unit

and ward at James Cook University Hospital. This meant that appointments did not need to be made for a child to be seen by a medical professional. If there was a problem children would be seen when needed.

Parents / carers told us they were supported by kind, caring and compassionate staff. Parents / carers could make decisions about their child’s care and daily routine.

We observed interactions between staff and children who used the service. We saw that staff were kind and respectful to children when they were supporting them. Staff were aware of the values of the service and knew how to respect people’s privacy and dignity.

Children’s care and support needs had been assessed before they used the service. Care records we looked at detailed individual needs, preferences, likes and dislikes and play. Care records had been reviewed and evaluated on a regular basis.

At the time of the inspection the service was not providing end of life care.

We saw that parents / carers and siblings were provided with lots of support and involved in a wide range of activities. We saw that staff engaged and interacted positively with parents / carers.

The registered manager and staff were very proactive in planning children’s care and support. Any new referrals were dealt with promptly and parents / carers received the respite care they needed.

Appropriate systems were in place for the management of complaints. Parents / carers told us that the registered manager was approachable. Parents / carers we spoke with did not raise any complaints or concerns about the service.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture.

At the last inspection on 17 July 2013 the service was found to be meeting the regulations we looked at.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff knew how to keep children safe and how to report any safety concerns.

Parents / carers told us that they felt that their children were in safe hands and we saw there were systems and processes in place to protect children from the risk of harm.

There was sufficient staff on duty to meet the needs of children. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff started work.

Good



Is the service effective?

The service was effective.

Children were cared for and supported by skilled and experienced staff. Parents / carers told us that the care that children received was excellent. Staff who worked at the service were extremely knowledgeable about the care that children received.

Staff we spoke with had an excellent knowledge of each child's dietary needs. A dietician was involved in providing advice for all children who used the service. This ensured that children's nutritional needs were catered for.

Children were supported to maintain good health and had access to healthcare professionals and services. Staff at the service had open access to the paediatric day unit and ward. This meant that appointments did not need to be made for a child to be seen by a medical professional. If there was a problem children would be seen when needed.

Outstanding



Is the service caring?

The service was caring.

Parents / carers told us they were supported by kind, caring and compassionate staff. Parents / carers could make decisions about their child's care and daily routine.

We observed interactions between staff and children who used the service. We saw that staff were kind and respectful to children when they were supporting them. Staff were aware of the values of the service and knew how to respect children's privacy and dignity.

At the time of the inspection the service was not providing end of life care

Outstanding



Is the service responsive?

The service was responsive.

Children's care and support needs had been assessed before they used the service. Care records we looked at detailed individual needs, preferences, likes and dislikes and play. Care records had been reviewed and evaluated on a regular basis.

Outstanding



Summary of findings

We saw that parents / carers and siblings were provided with lots of support and involved in a wide range of activities. We saw that staff engaged and interacted positively with parents / carers.

The registered manager and staff were very proactive in planning children's care and support. Any new referrals were dealt with promptly and parents / carers received the respite care they needed.

Is the service well-led?

The service was well led.

Team meetings took place frequently and good practice was regularly shared. The registered manager undertook various audits such as health and safety, equipment and infection control.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture.

Accidents and incidents were monitored by the registered manager and the organisation to ensure any trends were identified.

Good



Zoe's Place

Detailed findings

Background to this inspection

The inspection team consisted of an inspector, an inspection manager and an expert by experience with expertise in hospice care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection we reviewed all the information we held about the service. The provider completed a provider information return (PIR) which we received prior to the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. After the inspection

we contacted the local authority, Healthwatch, a representative from the Clinical Commissioning Group and a dietician attached to the service to ask for their opinion of the service

During the inspection we observed how the staff interacted with the children and their families. We looked at how children were supported throughout the day which included meal time, individual play and therapeutic activities. We looked at three children's care records, three recruitment files (this was the number of staff who had been recruited in the last 12 months), the training chart and six staff training records, as well as records relating to the management of the service.

Is the service safe?

Our findings

Feedback from parents and carers we spoke with described the service as “Wonderful” and “Amazing”. Relatives told us they had every confidence their child was safe whilst in the care of the staff and the hospice environment. One parent / carer said, “I would trust them with my life.”

During the inspection we spoke with six members of staff. Staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff we spoke with told us they had confidence that the senior staff and registered manager would respond appropriately to any concerns. The registered manager said abuse was discussed with staff on a regular basis during staff meetings. Staff we spoke with confirmed this to be the case.

Staff told us that they had received child protection training at induction and on a regular basis. We looked at the training chart and saw that all of the staff had received child protection training within the last two years. We saw that the service had safeguarding and whistleblowing policies and staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The registered manager and staff told us that safeguarding supervision was arranged for the staff from another agency that was experienced in safeguarding. This allowed the staff to be supported by experts in the field of safeguarding and increase their confidence in dealing with safeguarding issues. Registered nurses had access to the safeguarding advice team based at James Cook University Hospital. We saw in the staff room that a dedicated safeguarding information board had been developed. This provided a visual guide to staff about what to do and who to contact if they suspected abuse. It also provided staff with useful information about safeguarding.

Risks to children’s safety were appropriately assessed, managed and reviewed. Care records we looked at during the inspection contained a number of risk assessments specific to the needs of each child. Children had management / care plans for all risks that had been identified. The risk assessments and care plans we looked at had been reviewed and updated regularly. The safety of each child was taken into account on each visit to the

hospice. One relative we spoke with during the inspection said, “Each time they are admitted for respite they are body mapped. Staff are very on the ball with medication, it’s always checked on admission.” The registered manager said that the purpose of the body mapping is to find out from parents if children have any sores, rashes, swelling or scratches to the skin or body that they need to care for. We saw that staff had considered risks associated with taking children out. Qualified nursing staff were present during these trips and support was provided on a one to one basis. On each trip out staff took emergency equipment such as oxygen and suction and emergency medicine supplies so they could manage any emergency situations.

The registered manager told us that they had an effective recruitment and selection process to make sure that the service employed staff who were fit, suitable and had the appropriate skills and knowledge to work with children. Staff we spoke with during the inspection confirmed this to be the case. During the inspection we looked at the records of three staff to check that the service recruitment procedure was effective and safe. Evidence was available to confirm that appropriate Disclosure and Barring Service checks (DBS) had been carried out before staff started work. References had been obtained and, where possible, one had been obtained from the last employer. From records we looked at we found that staff had provided a full employment history. This meant that potential gaps in employment could be explored. Staff we spoke with told us that there was good team work and that everyone worked well together. We reviewed and spoke with the care team staff about staffing levels and shift patterns. All of the staff we spoke with during the inspection told us they thought there was sufficient staff on duty to meet children’s needs. Staff we spoke with told us that everyone worked well together as a team. The registered manager told us that during the day there was a minimum of two trained nurses and a mixture of support workers and nursery nurses (this depended on the number of children). On night duty there was a minimum of three staff on night duty even if there were only two children staying overnight at the hospice. The registered manager said that safe staffing levels were always maintained so that in the event of an emergency, for example a child needing to go to hospital, then a staff member could always go with them.

Is the service effective?

Our findings

We saw that staff held suitable qualifications and / or experience to enable them to fulfil the requirements of their posts.

The registered manager and staff we spoke with told us that on commencement of employment they undertook a full induction which included reading policies and procedures and shadowing other experienced staff whilst they provided care and support. We looked at the induction records of six staff who were on duty on the day of the inspection. We saw that all staff had completed the induction.

The registered manager showed us a training chart which detailed training that staff had undertaken during the course of the year. We saw that 100% of staff had received training in health and safety, 100% of staff in infection control, 100% of staff moving and handling, 100% of staff food hygiene awareness, and 100% of staff in fire safety. Every year all nurses that worked at the service undertook paediatric intensive life support and all support workers and nursery nurses undertook basic life support. This helped to ensure that staff had the right knowledge and skills to care for children. During the inspection we looked at the training chart of six staff and compared this against their individual training records; we found that training documented on the training chart matched up to certificates on file.

We saw that staff were supported and encouraged to attend additional training. We saw records to confirm that staff had undertaken training in child bereavement, tracheostomy care, pain awareness, epilepsy, autism, respiratory care, nippy ventilator and nutrition and health. This meant that staff were trained to meet the individual needs of the children who used the service.

Staff we spoke with during the inspection told us that they felt well supported and that they had received supervision and an annual appraisal. The registered manager told us that they did not have a high turnover of staff and that many of the staff had worked at the service for a number of years. During the inspection we looked at records which confirmed that staff received regular supervision and an annual appraisal. One staff member we spoke with said, "We get lots of support and regular supervision. She (the registered manager) has allowed us to grow."

The registered manager told us the nurses who worked at the home undertook continuous professional development. She told us that they subscribed and received numerous journals. Parents / carers we spoke with told us that they felt their children were cared for by skilled and knowledgeable staff. One person said, "Staff all know my child very well." Another person said, "The staff knowledge about my child is amazing."

We spoke with the registered manager and staff who told us they prepared food and drinks according to the individual needs and preferences of the children and their parents. Staff we spoke with had an excellent knowledge of each child's dietary needs. The registered manager told us and we saw that the service used a cook chill food system. This is a system of catering where food is prepared in advance (by an external caterer) and portioned into oven ready containers. We saw that there was a variety of different meals for children to choose from. The registered manager explained that the service supported some people whose nutritional needs required specialist care. Many of the children received enteral feeding; this is the delivery of nutritionally complete food via a tube directly into the stomach, duodenum or jejunum. The registered manager told us that all of the children who used the service had dietician involvement. After the inspection we spoke with the paediatric dietician who was linked to the service. They told us, "They are brilliant at contacting us if there is a problem." The dietician also said, "If there has been a change of feed they always ring and check this with us. They ask that we fax through a new feed regime. They are proactive in terms of problems if a child is unwell and might not tolerate feed they will phone and ask for advice." A staff member that we spoke with during the inspection told us, "We are guided by mum and dad when it comes to diet. We will follow the regime they follow at home." During the inspection we found what we were told by staff was put into practice. We observed that one child was being fed on the lap of a member of staff. We asked why they were being fed that way and the staff member responded, "Because this is what mum and dad would do at home." This showed that they were trying to make the child feel at home despite being in a different environment.

We saw plans had been completed which gave the medical history of the child, care needs, ability and method of communication. We saw that the care records contained information which detailed when there was involvement from health and social care professionals in the child's care.

Is the service effective?

This ensured that a record of care and treatment was maintained when different health professionals were involved in their care. The registered manager told us that the service had open access to the paediatric day unit and paediatric ward should a child become unwell during their stay. We were also told that depending on the problem / condition they would take children to the drop in centre should they need any medical attention. The registered manager told us that if a child needed to be transferred to hospital, a nurse would accompany the child. This ensured that a nurse the child was familiar with stayed with them to support them and provide detailed information to the health care professionals. The manager told us that the nurse would stay with the child until the parents arrived to support them. The registered manager and staff told us that they attended regular meetings at the hospital and in the community to discuss the on-going care needs of

children who attended the hospice. We saw records to confirm that this was the case. It was very evident that staff knew the children they were caring for very well. On the day of the inspection we saw staff carefully monitor a child who showed signs of deterioration in health. The registered manager told us there was deterioration in the child's breathing and colour. We saw that two staff (one of who was a nurse) accompanied the child to hospital where they received medical treatment and then returned home.

We saw there was involvement of other healthcare professionals, such as consultant paediatricians, specialist nurses, physiotherapists and speech and language therapists. We saw that following visits by other professional's information was recorded by the staff or health care professional about the outcome of the visit in the children's care records.

Is the service caring?

Our findings

The children who were at the hospice on the day of the inspection were unable to speak with us either because they were too young or they had complex needs which made communication very difficult. We spoke with the parents / carers of eight children who use the service. They described the hospice as “Brilliant”. One person said, “The staff give amazing support.” Another person said, “We couldn’t do without them now.”

Health and social care professionals were also complimentary about the care provided. We were told, “This is an extremely good service where children are cared for exceptionally well.”

We spent time and observed how the staff interacted with the children and their families. We looked at how children were supported throughout the day which included individual play and therapeutic activities. When we arrived at the service we saw that one child had a pirate game ; the child and staff were wearing pirate hats. There was lots of laughter and fun and the child was smiling and chasing staff with a plastic sword. We saw and heard staff singing nursery rhymes and reading stories to children. At one point during the day sensory lights were brought into the nursery area and relaxing music was played. We saw that one child responded to the lights and was looking up to try and reach and touch them. The atmosphere was relaxed and happy. We saw that staff were at the same level as the children, sitting on a mat holding and playing with them.

We observed one child who had just come into the hospice for respite care and both parents, who were clearly anxious, were present. We saw that staff reassured them and asked the parents about their usual routines at home in relation to sleeping, waking, diet, medication and play. Staff encouraged the parents to relax whilst the child was in their care and gave reassurance to the parents that they would contact them if there were any concerns. We saw two other parents who came to visit the hospice for the first time. We saw and heard staff speak with both the parents and child with care and compassion. A relative we spoke with said, “They (staff) have hearts of gold.” Another relative said, “When we cry they (staff) cry.”

We observed that staff had completed a holiday diary for one child who had respite care at the time of the inspection. This contained photographs and information

about what the child had been doing during their stay. We were told that circumstances had prevented the child from going on holiday with their parents / carers and to compensate for this staff had decided to keep a diary of all the fun adventures the child had taken part in. This showed that staff were caring.

Staff spoke enthusiastically about their job and the children they looked after. One staff member said, “This is a great place to work. It has a home from home feel with great caring staff.”

Parents / carers we spoke with during the inspection confirmed that they were involved in making decisions about the care and support that their child received. They told us that staff at the service communicated well with them. One parent said, “I am always told what he / she has been up to.” The registered manager told us how they supported parents / carers with decision making. We were told that a couple of children would be discharged from the service this year and that such trust had been built up which enabled them to talk about their ongoing care.

We saw that staff respected children’s privacy and dignity. Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a child. Staff told us how they ensured privacy when supporting children with personal hygiene. We saw that children were taken into the bathroom or bedroom area when they required nappy changes, clothing changes, medical procedures or to go to sleep. We saw that each child had an individual toiletry tray. This contained creams, shampoos and other items belonging to the child that parents had brought in for them to use. This showed that each child was treated as an individual.

The staff promoted the privacy of children and their families by keeping private and confidential information such as their care records in secure storage. The environment also supported their privacy as there were areas of the service and a chapel in which children and parents / carers could spend time.

Nine parents / carers had completed quality audit questionnaires in April 2014 and we saw that they were all very complimentary of the care and support that both their children and they received. Comments made included, “We are lucky to have such an amazing team looking after our child” and “All staff are amazing and do a wonderful job

Is the service caring?

caring for my child” and “Communication is excellent.” A student nurse on placement in July 2014 had given feedback in the form of an evaluation. The student nurse wrote, ‘It was inspiring to see how parents trust the staff and do get the much needed respite from the service.’ The student also wrote, ‘Zoe’s is a lovely environment for children and staff - you provide a wonderful service.’

At the time of our inspection no children were receiving end of life care. Following a flood at the service the registered manager had taken the opportunity to refurbish the first floor family accommodation. This was a

self-contained apartment which consisted of a double bedroom, lounge, kitchen, shower room and toilet. There was no time limit attached to using the accommodation and this was completely free of charge. The registered manager told us that in the near future they plan to provide end of life care. In preparation for this staff had undertaken end of life pathway training. There was a bereavement suite on the first floor of the hospice called the Rainbow room. The Rainbow room is a place where families can spend time with their child and allow them the peace and dignity to say goodbye.

Is the service responsive?

Our findings

Zoe's Place could accommodate up to six children at any one time. The registered manager and staff were very proactive in planning children's care and support. The registered manager told us that all new referrals for support were responded to promptly. From children being referred to receiving their first respite stay at the hospice, this generally only took one month. Prior to respite care each child had received a full assessment by a health professional. Following this staff at the hospice carried out their own assessments and spoke to parents / carers about their individual needs. The registered manager said, "We don't refuse any child if they are funded or not, but they do need to fit our admission criteria." We were told that parents / carers were able to choose what days were best for respite care and that the majority of the time the hospice could accommodate this. Parents / carers told us they were provided with support when it was needed. One person told us how their initial times for respite had been set out but said, "They are very good at letting us change times if we need to and if space is available."

The registered manager told us how they would often keep one bed space empty in case a family required emergency respite care. They also told us that if a parent cancelled their respite care they then offered this time to another parent. This meant that the service was responsive to people's needs.

We were told that two days prior to admission staff contacted parents / carers via the telephone to confirm their placement and to see if there were any changes to their care, needs or medication. Following this staff confirmed the child's medication with medical professionals. This allowed continuity of care. Staff told us how they spent time with children and their families on each admission. They told us that on each occasion a new assessment was undertaken; this helped to ensure that staff were made aware of care preferences or any changes to the care and support that they received.

During our visit we reviewed the care records of three children. Each child had an assessment, which highlighted their needs. Following assessment care plans had been developed; we saw that each child had an individual plan of care specific to their needs and individual likes and dislikes. Children also had an individual education plan, a physio plan and a play plan. The play plan of one child

detailed how the child liked to play on the mat with mirrors and sensory toys but did not like to be cuddled too much. This meant that care records provided the information that staff needed to care for the child. We saw that care records were update on a monthly basis or more often as needed.

The registered manager told us that staff obtained consent from the parents / carers by discussion and then a consent form was completed and signed for all areas such as sharing information, taking photographs, giving medication, taking the child on outings and swimming. We saw records to confirm that consent had been obtained from parents / carers.

The registered manager told us that staff had received training in infant massage and the children had daily sessions of Tac Pac, which is touch and sound stimulation in a quiet room. Tac Pac promotes communication, social interaction and development. We were told that a Raki practitioner was used for those parents who wanted it at parents support groups.

The hospice and staff supported children and their families very well. A parent support group was held monthly; this provided parents with the opportunity to meet and get support and advice. Activities had been arranged for some of these meetings and included card making, cupcake making and guest speakers who provided information on benefits and jobs. One parent / carer that we spoke with said, "There is a brilliant parents group here and my other children have a group as well." The registered manager told us about the sibling support group in which siblings met four times a year to have fun. Siblings had been bowling, to see a pantomime and also enjoyed a train trip to visit the Chocolate Factory in York. Children, siblings and families had all enjoyed a day trip with staff to Lightwater Valley. One parent told us how staff had supported them so that they could enjoy the day as a family. Parents also told us about a pamper night that had taken place in which local hairdressers and beauticians had given up their time for free to give them an evening to remember. One parent said, "Can't remember the last time I had a good pamper." The service was due to host a barbeque for parents past and present on 23 August 2014. One parent / carer we spoke with said, "Staff are like an extended family." Another person said, "Zoe's place is absolutely fabulous and the whole family can get involved."

Care and support was inclusive and responsive to the diverse needs of the children and their families. Spiritual

Is the service responsive?

support was available to all people and their relatives and there was a chapel in the hospice that people of all beliefs could access. The registered manager said that staff, parents, carers and children celebrated religious events and that these were recognised by displays done by the nursery nurse. We were told and saw photographs of children who were involved in a nativity play at Christmas.

We saw the complaints policy which was dated June 2013 and we were told by staff that a copy of the comments, compliments and complaints leaflet was given to parents / carers when a child was first admitted. The policy and leaflet informed how and to whom a compliment, concern or complaint should be made. It also gave timescales for action. The policy and leaflet referred people to the Care Quality Commission for independent review if they were not satisfied with the outcome of their complaint. We

spoke with the registered manager about this and explained that we could not investigate individual concerns / complaints. However, we were interested in people's views about the service. The registered manager told us that the policy and leaflets would be amended. We spoke with parents / carers who told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff.

Discussion with the registered manager during the inspection confirmed that any concerns or complaints were taken seriously. We looked at the record of complaints. There had been two complaints made in the last 12 months. We saw that both complaints were investigated and responded to promptly and appropriately.

Is the service well-led?

Our findings

The service had a clear management structure in place led by a registered manager who was very familiar with the service. The registered manager had a detailed knowledge of children's needs and explained how they continually aimed to provide children and their family with good quality care and support.

The registered manager showed and told us about their values which were clearly communicated to staff. The registered manager told us of the importance of honesty, being open and transparent and treating children, parents / carers and staff as individuals. Health and social care professionals that we spoke with as part of the inspection told us that they thought the service was well led. One person said, "This service is well led. There is a good culture of openness and working together. They are upfront and engage readily with our contracts team."

Observations of interactions between the registered manager and staff showed they were open, inclusive and positive. One of the staff we spoke with said, "It literally is a transparent culture where we learn from each other." We found that the registered manager had a good understanding of the principles of good quality assurance. The registered manager recognised best practice and developed the service so that it continually improved.

Parents / carers that we spoke with told us that they thought that the service was well led. One person said, "The manager doesn't shut herself away." The registered manager told us "If I say I am going to deliver then I will."

We saw records to confirm that meetings with staff took place on a monthly basis. We looked at the notes of the meetings for June and July 2014. We saw that open discussion had taken place about medication errors. A root cause analysis had been completed and reference made to action points including minimising interruptions when dealing with medication. Feedback was given on medication audits and improvement needed. This demonstrated that lessons were learnt and acted upon with consultation and involvement of staff.

Recommendations to improve were taken forward with an action plan. We saw that supervision had also been discussed. The registered manager felt that supervision had not been well attended and staff were reminded of the importance of these meetings. We also saw that other

items were discussed like the importance of attending staff meetings and the need to attend a minimum of six meetings a year. A staff member that we spoke with said, "Staff meetings are very good. We can all chat and learn. We are very proactive." The registered manager informed us that root cause analysis was shared with other hospices at governance meetings so that lessons learnt could be shared across the organisation.

Each nurse had a lead role in keeping up to date with different topics for example, pain, palliative care, safeguarding and infection control. It was the responsibility of each nurse to update their knowledge and be aware of best practice and then share their learning and knowledge with all other staff.

We saw records which confirmed that regular governance meetings took place with the senior management team. We saw that incidents and lessons learnt, risk, medicines and infection control were discussed, along with other topics, at these meetings.

The registered manager told us that all nurses had undertaken a leadership course during June and July 2014. This was to support them in their role and to assist them in their leadership skills and confidence.

We saw that regular checks and audits were carried out on the environment, mattresses and equipment to ensure that they were safe.

Any accidents and incidents were monitored by the registered manager and the organisation to ensure any trends were identified. The registered manager confirmed there were no identifiable trends or patterns in the last 12 months. We looked at the incident records and saw there were areas for staff learning and action planning within the document. This system helped to ensure that any trends in accidents and incidents could be identified and action taken to reduce any identified risks. The registered manager told us that they followed a fair blame culture in terms of incidents reporting. They said, "Incidents and accidents are a way of learning. We encourage staff to report accidents and incidents and openly discuss at meetings."

The registered manager told us of various audits and checks that were carried out on medication systems, care records, health and safety and infection control. We saw

Is the service well-led?

records of audits undertaken. Following audits an action plan was developed for those areas requiring improvement. We saw that the action plan had been updated as and when actions had been undertaken.