Bluebell Wood Children's Hospice

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Inspection report

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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

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. The last inspection of this service was carried out in December 2013 and the requirements of the regulations we inspected were met.

Bluebell Wood Children's Hospice offers care and support to children and young adults with complex needs and a shortened life expectancy, both in their own homes and at the hospice. The hospice also offers respite care to family carers. There were eight inpatient beds.

Summary of findings

A registered manager was in post. 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 service was safe since the staff were trained and had a good understanding of how they should protect and safeguard children and young adults from abuse and avoidable harm. However staff members we spoke with did not have much understanding of Mental Health Act 2005 (MCA) We were informed by the practice educator that they were in the process of organising training for all staff on MCA and the code of practice.

The hospice has been open for six years and we found out there had been several changes to the management including to the registered manager during this short time which had resulted in the present manager being the fourth in the six years and she came into post in December 2013. Staff members told us that the present registered manager listened to them and only made changes if they were needed.

Young people who spoke with us were confident that staff at the hospice were reliable and knowledgeable and supported their needs. They said they could discuss with staff, personal and confidential issues without being afraid. One young person told us how staff took steps “at one time” when they came into respite to protect them and maintained their safety.

The records relating to children and young people were not always up to date and signed and dated by relatives and staff. This has been identified through their internal audits and progress was noted at the inspection.

There was a drive by the practice educator to promote staff learning and development. She had identified the needs and was making arrangements to ensure staff received appropriate training so that they were competent and confident to do their jobs. Staff said they were well supported by the care team manager and the registered manager.

The registered manager with the help of the family liaison manager, the Chaplin and the activities co-ordinator encouraged the young people and the relatives of children to be ‘aspirational’ in their desires and wishes to make improvements to the centre. Parents were happy with the way the centre functioned and they said it was really difficult to think of ‘aspirational’ suggestions.

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?

Good

The service was safe as the staff cared for the children and young adults had a good understanding of the processes to follow to protect and safeguard them from abuse and avoidable harm.

Young people told us that they could discuss anything with staff and they were confident that staff would maintain their confidentiality and take the correct steps to protect them

The security arrangements at the hospice ensured the safety of children, young adults and the family members. The environment and the equipment used at the hospice promoted independence and reflected the needs of those who use the service.

Is the service effective?

Good

This service was effective. We found out that staff knew the children and the young adults well and were able to accommodate their preferences and make their stay an enjoyable one. Family members told us that staff were responsible and were competent in what they did. They said they had every confidence that their children were in good hands.

The staff team was efficient and supportive of each other which helped to deliver a high quality care.

We saw siblings having meals with the children and enjoying the experience together. Mealtimes were relaxed and children, young people, family members and staff joined in. It was pleasant and unrushed.

Is the service caring?

Good

This service is caring, where we observed staff treating all children, young people and their families with respect and kindness. There was a homely atmosphere where everyone including those who used the service showing mutual respect and compassion to each other.

End of life care and support for people who were bereaved was discussed amongst the young people, families and staff openly and everyone drew comfort from each other's experiences and showed compassion. A young adults told us how staff supported someone they knew during their last days and also made sure they received support to deal with the bereavement.

A family member said, "I am going on holiday for the first time and I have trusted these staff with my (child's name) that tells you everything about what I think of these wonderful people."

Is the service responsive?

Good

This service was responsive. We observed children and young people receiving personalised care which took care of their individual needs. We saw staff treating children and young adults in a manner which reflected their age groups and supported their needs. The activities offered were age appropriate and they were well received by the children and the young people.

Children with physical disabilities had good access to the communal areas and the outdoor facilities of the hospice.

Summary of findings

Everyone had access to the complaints policy and it was also available in an easy read format. Relatives said they could raise any concerns with staff and they were listened to. The registered manager told us how they took steps to learn from complaints and shared with us an incident where staff were not clear in their conversation which lead to a misunderstanding. She said as a result all staff have been trained on active listening and effective communication.

Is the service well-led?

Good

There was a robust quality assurance system in place which was used to drive continuous improvement of the service. For example we found during care file reviews that when changes had been made they were not always recorded and there was a lack of evidence of family involvement as records were not always signed by members of the family. Care record audit in July 2014 had highlighted this and the care team manager and the registered manager had made plans so that all records would be reviewed and updated by October 2014.

Young people had asked if staff could organise similar age groups to have respite at the same time. Whilst they were looking into the possibility staff had organised “Young Adult days”, “Young Adult weekends” in the interim period to facilitate friendship groups.

We observed an open culture between all grades of staff. Staff told us if they saw any malpractice by their colleagues they knew how to raise their concerns in a confidential way.

Bluebell Wood Children's Hospice

Detailed findings

Background to this inspection

We inspected Bluebell Wood Children's Hospice on 14 and 15 August 2014. The first day of the inspection was unannounced which meant the staff and the provider did not know that we were visiting the hospice.

The inspection was led by an adult social care inspector who was accompanied by a specialist advisor and an expert by experience. A specialist advisor is someone who has up to date knowledge and experience working in a specific field. The specialist advisor who took part in this inspection had extensive knowledge and experience in children and young peoples' palliative care. Palliative care is a holistic, multi-disciplinary approach to providing patients relief from the symptoms, pain, and stress of a life limiting illness. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had personal experience in supporting people with life limiting illness.

As part of the planning for this inspection we checked the information we held about the service such as the notifications, safeguarding referrals, enquiries and information from the public through our web form 'Share your experience'. We also received information from the provider before our inspection in the form of provider information report (PIR). We analysed the information given to us by the provider. Following our inspection we contacted the clinical commissioning authorities who commissioned service from the hospice and two professionals who had regular contact with the hospice to find out their views about the service. No concerns were raised from the information we gathered about the service.

At this inspection we sought the experience of children, young people and their relatives about the service as inpatients and about the support they received at home from the Bluebell Wood Children's Hospice community nurses. During the two days we observed the care and attention children and young people received at the hospice. We spoke with six family members, three children and two young people who used the service. We visited one child at their homes with their parents' permission and we were accompanied by one of the Bluebell Wood Children's Hospice community nurses.

We also spoke with the registered manager and nine staff members. We viewed the records of three children and two young people who received care at the hospice. We also looked at four staff files which included recruitment, training and supervision records.

Good

Is the service safe?

Our findings

We observed children playing and interacting with staff members and other visitors such as family members without being afraid. Family members told us staff were familiar with the children and therefore children and the young people were relaxed and enjoyed their stay without being worried for their safety. One family member said, “They like coming here. It’s like a holiday for them”.

Staff members we spoke with had a good understanding of protecting and safeguarding children and young adults from abuse and avoidable harm. Staff said they had safeguarding training and sometimes at staff training days they were given scenarios where they had to identify abusive situations and discussed the best way to deal with them. We observed staff when interacting with children and young people being friendly and jovial but they always remained respectful and promoted dignity so that children and young people felt safe and secure.

We spent time talking with two young people who used the service. They were very open and honest about their experience at the hospice. They said staff knew them well and were familiar with their preferences and made sure they were accommodated. They said they did not feel that staff treated “some kids better than others”. One young person said using a wheelchair was seen as awkward at the last place they were at but they did not feel staff treated this as a problem at Bluebell Wood. Another person told us that staff had explained to them what keeping safe meant and what they should do if they felt “something was not right”. They said that they could discuss anything with staff and they were confident that staff would maintain confidentiality and take the correct action to protect them.

The registered manager notified us, “We are registered to support children and young adults up to the age of 25 years. We do however only accept new referrals in to the service up to the age of 19 years. We work to support all young adults in the transition process into adult services via our young adult coordinator.

CQC carries out its statutory duty to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards through our inspections of care services. During this inspection we interviewed five staff and tested their understanding of consent, the principles of Mental Capacity Act 2005(MCA), and the use of Deprivation of Liberty Safeguards (DoLS). We noted that there were gaps in staff knowledge and we shared this with the practice educator. We also found out that there was no policy or guidance in place to adhere to the DoLS. But there were plans for the registered manager and the practice educator (i.e. the training manager) to attend the DoLS training via the Local (Rotherham) Safeguarding Board in October 2014 and / or February 2015. The practice educator told us they had identified the gaps in staff knowledge and they were looking into other training providers as they were unable to receive training from their local council. This meant the practice educator was committed to ensuring staff were competent to perform their duties safely.

We were informed by family members and staff that there was no form of restraint in use at the hospice. The care plans we looked at did not have any records of restrictive practice or risk assessments for restraint. The registered manager, care team manager and the practice educator told us that decisions about the treatment and care were taken in the best interest of the child or the young person and the next of kin and the specialist consultants were always involved.

We observed children and young people with complex needs and life limiting illnesses needing close observations and care. As part of planning care, risk assessments were carried out by staff which were based on young peoples’ needs and aspirations. The care was planned to minimise the risk and promote wellbeing.

We looked at four care files and spoke to the care team manager who informed us that they tried to match the same staff with the children and young people when they returned for respite. This was to maintain continuity. This was confirmed when we checked the staff allocation. However the records we looked at were not updated at each visit. Out of four care records we looked at we found two were not dated. Nurses were made aware of this and they said they would take immediate action.

The medication store room was accessible only to those who had the pharmacy ‘key fob’. Authorised staff such as the nurses on duty used the key fob and the computerised tracking system identified who had the key and when. This was used to maintain safe keeping of medicines.

We spent time reviewing the medicines management processes and the way medicines were transcribed on admission. The families received specific requests from the

Good

Is the service safe?

hospice when they confirmed the date of respite. One request was that all medication brought in on admission needed to be correctly labelled and the instructions needed to be clear so that nurses were able to record safely. There were three nurse prescribers and we were informed by one that the medical director who visited the hospice provided clinical supervision. However there was no documentary evidence to support this. A nurse on duty told us that all transcribing was checked by a second nurse and this was evidenced in the three medication administration sheets (MAR) we saw.

The practice educator was also the 'Controlled Drugs Accountable Officer' from September 2013. She was part of the local intelligence network and submitted quarterly reports related to any controlled drugs (CD) incidents. There had been five medicines incidents in 2014; none of them involved CDs. They were two incidents where medicines were not given and there was no documented reasons why these had been omitted, a mother administering a wrong dose of medicine, medicine given at wrong time, out of date medicine been administered and an error in recording stock balance. These errors had been identified by the nurses through the daily checks and reported. We saw the action taken to avoid it happening again.

Routine medicines were stored in each child's bedroom in a secure cupboard. These were locked with a keypad code and there were different codes for each room. The medicines and the MAR sheet in a child's room were checked. We checked the amount of medicine and found it to be correct and the MAR sheet was signed and there were no omissions seen.

The care team manager who was in charge of the shift told us that they had a minimum of two nurses and four support workers during the day and two nurses and two support workers at night when the unit was full. They said staffing levels were increased according to the dependency of the children and young people they had in house. One family member said that they found there was sufficient number of staff and when it was busy everyone including the registered manager got involved. The registered manager told us if they admitted a child for end of life care, as an emergency and staffing levels were felt to be short, the escalation process was that they would call upon the senior members of the nursing staff working elsewhere such as community or bank or agency staff who were used to working at the hospice to offer extra hands-on care.

The premises and the equipment reflected the needs of those who used it. All bedrooms had suitable beds, ceiling hoist if required and en-suite bathrooms. The bedrooms were spacious and accessible for wheelchairs. There was accommodation available for parents and families to stay during respite or end of life care.

The security arrangements at the hospice ensured the safety of children, young adults and the family members. When we arrived at the hospice we needed to be allowed in to the main building by a member of the reception staff. We were asked to show our identity, write our names, and document the arrival time in the visitors' book. A visitor's badge was handed out to each of the Inspection team members. This was to ensure only people who were authorised entered the hospice and the young people and their families were able to recognise the visitors by their badges and therefore felt safe. On leaving the hospice the visitors signed out and when reception was closed the staff on duty allowed visitors entry.

Good

Is the service effective?

Our findings

We observed children receiving care that reflected their needs and promoted their wellbeing. Nurses and support workers told us they had worked with the children and their families "off and on" for several months/years as they came into respite. Therefore they knew them well and were able to accommodate their preferences and make their stay at the hospice an enjoyable one. Two family members told us that staff were responsible and were competent in what they did. They said they had every confidence that their children were in good hands. One relative said, "The nurses and all the staff team know what they are doing". Another relative commented about the determination of the family liaison manager, "She is always looking at ways of helping us and asking for our comments. They all want to do their best".

Some children and young people received care in the community and also used the respite facilities. The community nurses supplied by the hospice offered support for the families and sign-posted families to different organisations where carers were able to access additional help. These nurses also organised respite for children at Bluebell Wood Children's' Hospice so that family carers were able to have support. The community nurses were familiar with most of the children and young adults who accessed the hospice therefore they acted as a bridge and promoted continuity of care during respite.

We spoke with six staff and the practice educator. We viewed the records of four staff. The manager informed us that the staff supervision was one of the areas they were looking into changing as staff often had meetings regarding practice issues and staff conferences where they discussed matters relating to the hospice and shared lessons learnt and reflection of practice. Four staff said they felt well supported to do their jobs. Two staff told us that the formal one to one supervision was adhoc but they had access to senior staff anytime they wanted. The four staff files we looked at had records of recent supervisions. In the four staff files we saw staff training was up to date and some staff had received specific training when carrying out special nursing activities such as tracheostomy care.

All staff we spoke with told us that there had been some changes to the management structure in the last 18 months and as a result they had experienced some useful changes. They said they have now got a practice educator whose responsibility was to make sure staff were competent in performing their duties and helping staff access further training and development. Support workers said they received help and guidance from nurses and other experienced workers. Three staff said that the management (i.e. the registered manager, human resource officer, practice educator and care team manager) had introduced 360 degree feedback as part of staff surveys. **360 degree feedback** is a process in which employers receive confidential, anonymous feedback from the people who work around them. Staff said they had not yet been involved in the process. However the manager told us that they were planning on exploring ways of finding out how co-ordinated and effective the service was from the staff view.

There was a monitoring system where staff were able to listen in without disturbing the children and young people. This was used with the permission of the families and the young people especially at night time. We asked for a demonstration of its function and we found it was not effective as there was a lot of interference which affected the sound quality prevented us from hearing what was happening in the room and the volume had to be turned up to its maximum to hear anything. The registered manager witnessed this and told us that it would be attended to without delay. During our inspection none of the people were being monitored by this system.

Young people told us the catering facilities were very good and that they had a variety of choices and if they didn't fancy what was on offer they could "still ask for an omelette or a jacket potato and get that without any problem". We saw children offered a choice of meals and given suitable quantity by staff. We saw siblings having meals with the children and enjoying the experience together. Mealtimes were relaxed and children, young people, family members and staff joined in. It was pleasant and it was unrushed.

Family members told us that snacks and fruit were available throughout the day and at night staff would make toast if anyone was hungry. They said staff offered drinks during the day and at nights if people were awake. One parent said, their child was artificially fed and that staff took great care when the child had the feeds and positioned the child properly to avoid aspiration of feed. They said staff were well trained to set up the feed and give it without causing any problems. Another family member said, "From nutrition point of view the kitchen seemed to

Good

Is the service effective?

produce a good range of fresh food over the lunch and dinner period. We are very happy with the arrangements here. The last place was awful. So we know how it should not be done. Compliment to the chefs". This meant people had access to nutritious and healthy food which promoted health and wellbeing.

Staff told us they had attended training about maintaining sufficient nutrition and hydration. They told us about the risks associated with children with complex needs. They also told us they consulted the community dietician and if the child or the young person was in need of referral and did not have their own dietician they would make the referral and seek help. Staff told us that the relatives of the children were always involved if there were problems so that the correct action was taken. We were informed by staff that those who were at risk such as choking or weight loss had assessments and care plans which detailed how they should be managed. One of the care plans we checked had evidence that staff had carried out a risk assessment and a management plan was in place. This meant staff were trained and competent to manage dietary need of people and maintain safety of children and young people when they had their meals.

We were informed by staff that they worked in an integrated way with local hospice teams across their catchment area and with the other children's hospices to seek peer support and share good practice. This was driven by the practice educator and the care team manager.

The medical cover relied on the interaction of the hospice staff with the respective Paediatrician, GP or specialist consultant of the children and the young adults. There was a medical director linked to this hospice who visited children on his caseload and the hospice three times a week.

The registered manager informed us their medical cover arrangements for those with non-urgent needs, for the child on a short break they would make a temporary resident arrangement via the local G.P practice who would visit and facilitate any required treatment for the child. In addition their nurse prescribers were able to manage and prescribe in respect of minor illness. The registered manager informed us that they would respond to all emergencies within the hospice using the most appropriate pathway, for some this would involve escalation to hospital via the emergency services.

Good

Is the service caring?

Our findings

It was clear from our observations during our inspection that all the staff that we met at Bluebell Woods Children's Hospice was caring and considerate. We saw them actively listening to children, young adults and their families and interacting with them. Active listening involves the listener observing the speaker's behaviour and interpreting their body language to develop a more accurate understanding of the speaker's message. Staff treated all children, young people and their families with dignity, respect and kindness. There was a homely atmosphere where everyone including those who used the service showed mutual respect and compassion to each other. We saw relatives who knew other children through their regular visits engaging with children, helping them settle and interacting in a happy and friendly way.

Young adults told us they were given choice and flexibility about their privacy and amount of parental involvement in their treatment decisions. They said all decisions about their treatment and care were discussed with them by staff. They said they involved their parents or relatives but were able to have the final say. One young person said, staff were very tolerant and gave them time to consider "things". Staff told us when they completed the admissions forms and if there were doubts about a young person's ability to make their own decisions they would not hesitate to get in touch with an advocacy service. They said they have not used this service so far.

We were informed by one of the young adults how a young person was supported at the end of their life by the staff at the hospice and at the same time how all the staff supported them to deal with the bereavement. Relatives too gave us examples of the care and support they had received from the staff at the appropriate moments. They said staff were devastated sometimes as they" got to know the children and formed a special bond". Three relatives said staff such as the activities co-ordinator and the family liaison manager helped them cope with the sadness of losing someone who they had got to know well at the hospice.

There were facilities in place at the hospice for families to remain with the deceased child or a young person until the funeral. There were two cold rooms referred to as 'Forget me not' room and 'Primrose' room. These were attached to family rooms where families were able to stay with their deceased child until the funeral. The families were able to have total privacy and they were treated with dignity and respect and supported by the staff at the hospice. The family members were able to visit the deceased child through a private entrance without having to go through the main entrance to the hospice. There was also a private car parking facility for families to use.

We were informed that staff also supported end of life care in children's own homes. They said when supporting children at home they worked alongside the local children's' community team and the oncology team. There was no evidence of the use of End of Life (EoL) care plans. Nurses told us in the past they had used the Sheffield emergency EoL care plan, but this was no longer in use. They said that the present end of life care plan would be described as advanced care plan and would be in the additional subsections within the current care plan. At the time of the inspection there was no one who was in receipt of active end of life care. Therefore the effectiveness of the advanced care plan could not be tested.

Bluebell Wood Hospice cared for children whose needs vary hugely, from young adults who suffer severe physical disabilities, learning disabilities to much younger children and infants with severe and complex life limiting illnesses. We observed several younger children with more complex needs being taken by staff to the sensory room with their carers. The way in which they were treated and looked after by the staff was one that showed real care and interest in the wellbeing of the children, and an understanding of how important the input from somewhere like a sensory room was to children such as the ones in their care.

We met a mother who brought her child for respite care whilst she took a short break. Staff told us that the mother brought her child for respite on several occasions and spent all of the time at the hospice as she felt worried about her child settling in. However staff said that this was the first time the mother had decided to take a proper break. There was genuine excitement and enthusiasm amongst the staff members when the mother and child came into the hospice. We asked the mother a few general questions and she summed up by saying, "I am going on holiday for the first time and I have trusted these staff with my (family member) that tells you everything about what I think of these wonderful people."

Good

Is the service responsive?

Our findings

We observed the care children and young adults received throughout our inspection. Staff were attentive and children were supported and responded to promptly. We observed children and young people receiving personalised care. For example a child kept rubbing their wrist on their cheek which made their facial skin red. Staff used diversion such as singing songs and clapping hands which helped the child stop rubbing their face. We spoke with young people and family members of children if their views and choices were considered when respite care was planned. Three young people told us that they were involved in the planning of their respite stay and their wishes and choices were accommodated by the staff at the hospice. One person said, “They know me well and staff know what I am like. There is always someone who will help me. I cannot fault the care”.

Two family members told us that during respite if the child’s care plan needed to be changed they were always consulted by the nurses. They said they could discuss the proposed changes with the GP before consenting. One relative said, “Staff are always asking us to tell them what is important to our child and our family. They are fully aware of the circumstances and go out of their way to make our stay here a comfortable one.”

We saw staff treating children and young adults in a suitable manner which reflected their age groups and supported their needs. The activities co-ordinator made sure age appropriate activities were made available. For example most people liked playing games and using the internet. We saw a computer room with several computers for the use of all the children, young people and their siblings. However the staff had ensured parental control was in place to stop misuse of the internet when allowing access. We also noticed staff supervised young people when they were in the computer room.

We were informed when children were in respite care their siblings were able to join them and spend time. We saw siblings visiting children during summer holidays and enjoying family days at the hospice. This helped families to share their time with the child who was ill and the other children.

We saw young people and children with disability having good access to their bedrooms, the communal areas and the outdoor facilities of the hospice. Outdoor facilities included play areas, interactive activity areas where children were able to go over a bridge and experience sprinklings of water. These were there to promote enjoyment and cognitive stimulation for children and young people.

We looked at four care plans where the needs of the children and young people were identified and risk assessments had been recorded .The care plans detailed how they were to deliver care and support with minimum risk. Not all the care records we saw had the signature of the parent or the carer to evidence their involvement. However the registered manager informed us that care plans were updated at each visit with the child / young person and family and that staff made sure the care plan were signed by parent s or carers.

We saw an advanced care plan and limitation of treatment agreement recorded in the care plan. It was not clear who the people were that had been involved in that decisions. The documents did not have any signatures of the parents or any other professionals. An advance decision is made by the patient or in children's case an ‘appropriate adult’ usually the parent to refuse a specific type of treatment at some time in the future. We were informed by the nurse that this was an area where they were weak and that corrective action was in progress. The nurse showed us a care plan which had been updated recently by them. It was signed and dated by all parties.

We also noticed when looking at care plans there was limited information about the children’s’ day and night routines, their preferences of what they like doing, eating, wearing and if they had been offered play schemes including individualised activities. Although there was a lack of documentary evidence, our observations and feedback from the family members and young people during our inspection confirmed that the staff caring for the children and young people knew them well and had worked with them before. Therefore they were aware of the preferences and routines and worked closely with the parents to ensure young adults and children received appropriate care and suitable activities.

The hospice employed a family liaison manager. She spent time with the families and relatives ensuring they were aware of the facilities and act as a point of contact. She informed us that often concerns were raised through anxiety and misunderstanding between the people who

Good

Is the service responsive?

used the service and staff. She said all concerns were dealt with as a priority and resolved without delay. The registered manager told us that they had received a complaint by a family member this year. The learning from the investigation was that staff members needed to communicate with people in a clear and concise way. Staff needed to make sure people were given time to understand and ask questions to test their understanding. Three staff we spoke with said they had been made aware of effective communication by the registered manager at staff meetings.

Good

Is the service well-led?

Our findings

There was a registered manager in charge of the day to day running of the hospice. The hospice has been open for six years and we found out there had been several changes to the management including to the registered manager during this short time which had resulted in the present manager being the fourth in the six years and she came into post in December 2013. Staff members told us that they hoped that they had reached a stable period with the present registered manager and they said that she listened to them and only made changes if they were needed.

We received information from the human resource officer about the staff sickness and staff turnover in the last 12 months to find out the impact the changes of management had had on them. The information we received showed us that there was very little sickness and staff turnover was negligible. Although staff experienced difficult times when managers changed they were strived to deliver care and support to those who relied on them for care and respite. This meant the staff team at the hospice were strong and commitment to their roles and responsibilities.

There was a robust quality assurance system in place which was used to drive continuous improvement of the service. We saw some of the audits carried out by staff and the registered manager and the evidence of action taken as a result of their findings. For example care records had been audited in July 2014. The audit highlighted that when staff had made changes to care plans they have not always signed and dated. Also not all records had signatures from the parents or the carers to show their involvement in the planning of care. During our view of the four care plans we too identified the above gaps and the nurses showed us the progress made to address the issue. This meant the registered manager and the carer team manger were taking action to ensure satisfactory progress of the quality of records completed by staff.

The registered manager had sought feedback from the users of the service to make improvements. For example young people had asked if staff could organise young people of a similar age to have respite at the same time. They explained being with young people of a similar age helped them form friendship groups and make better use of their respite. Whilst exploring the possibility the staff had organised “Teenage days”, “Teenage weekends” in the interim period to facilitate friendship groups. We saw dates when young adults could get together at the hospice or meet up and go out for the day. This meant the registered manager was making every effort to meet the wishes of people who used the service.

Staff said they had staff meetings, shift handover meetings and general discussions where the registered manager and/or the care team manager discussed with them any changes to care practices in the light of any concerns raised or any incidents. They said they were able discuss any problems freely and received guidance and support. A nurse told us that as part of the analysis of the medication errors it was identified that they needed to have a record of when and by whom the medicine room was accessed and the Key Fob’ system which tracked the users.

We observed an open culture between all grades of staff. Staff told us if they saw any malpractice by their colleague/s they knew how to raise their concerns in a confidential way. Support workers were helped to question care practices by nurses. Such reporting is commonly referred to as ‘Whistle-blowing’. The practice educator had been made aware of concerns which questioned staff competencies in specific areas. However the practice educator told us of their concerns about how staff competencies had been monitored in the past and that she had completed the analysis of all staff learning and development needs. She said that topics had been prioritised and training was being organised. This meant staff would be able to access training to suit their learning needs and be competent and confident in their care practices.

We noticed that when incidents and complaints were investigated the registered manager ensured the staff team were made aware of the outcome so they learnt from them rather than nurturing a ‘blame culture’. This helped staff identify their need for development. Two members of staff told us that they were not afraid to let their line manager know if they had accidently made an error.

The family liaison manager and two relatives said that parents were encouraged by the registered manager and all the staff team to be ‘aspirational’ in their desires and wishes for improvements in the centre. They said most parents were so happy with the way they were looked after at the centre that it was really difficult to get ‘aspirational’ suggestions from them.