

Havens Christian Hospice

Little Havens Children's Hospice

Inspection report

Daws Heath Road
Thundersley
Benfleet
Essex
SS7 2LH

Tel: 01702556645
Website: www.havenshospices.org.uk

Date of inspection visit:
23 November 2016
30 November 2016
04 January 2017

Date of publication:
21 February 2017

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

The inspection to the hospice took place on 23 and 30 October 2016 and was announced. On 4 January 2017 we contacted relatives of children and young people who used the service.

Little Havens Children's Hospice is registered to provide respite and end of life care for up to eight children or young people, aged between 0 and 19 years of age who have a life limiting or life threatening illness and who live in Essex and the surrounding London Boroughs. Support is also provided for families of the children and young people who use the service. Family accommodation is provided on the first floor and includes bedrooms and an open plan communal lounge, dining area and adjoining kitchen.

There was a registered manager in post. However, at the time of the inspection the registered manager was not at work and as a result of this, an interim manager from within the organisation was managing the service on a day-to-day basis. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Parents told us the service was a safe place for their child or young person to access. Parents told us they had no concerns about their child's or young person's safety and were confident that the arrangements in place would keep their child safe. Staff were able to demonstrate a good understanding and knowledge of a child's or young person's specific support needs, so as to ensure their and others' safety. Staff understood the risks and signs of potential abuse and the relevant safeguarding processes to follow.

Parents told us there were always sufficient staff available to meet their child's or young person's needs. Suitable arrangements were in place to ensure that the numbers and skills of the staff team were effective in meeting the needs and complex needs of children and young people using the service. Appropriate arrangements were in place to recruit staff and volunteers safely so as to ensure they were suitable to work with and support children in their care.

Medicines were safely stored, recorded and administered in line with current guidance to ensure children and young people received their prescribed medicines. This meant that they received their prescribed medicines as they should and in a safe way.

Children and young people benefitted from a staff team that were well trained to meet the complex and specialised needs of children and young people using the service. We saw from their interactions, facial expressions and mannerisms that children and young people were contented, comfortable and relaxed in staffs company. Staff were seen to be warm and caring towards the children and young people they supported and were treated with compassion. Parents confirmed that they, their child or young person was also treated with respect and had their privacy and dignity upheld at all times.

The dining experience for people was positive. Mealtimes were family orientated with children, young people, their families and staff eating together. Children's and young people's dietary needs were recorded and where complex nutritional needs were being managed, staff networked with community based services and professionals.

Young people were involved in decisions about their care and treatment. Staff had a good understanding and awareness of the importance of gaining consent when providing care and treatment and working within the principles of the Mental Capacity Act 2005 (MCA). This meant that the rights of young people were promoted and protected where they were unable to make their own decisions.

Care plans accurately reflected the child's or young person's care and support needs and they received appropriate support to have their social care needs met. Parents told us that their child's healthcare needs were well managed. Suitable arrangements were in place to ensure children and young people experienced a comfortable and pain free death. Where appropriate advanced care planning had been considered and discussed and this included the child's, young person's and parents' wishes and choices. Families received appropriate bereavement support.

There was an effective system in place to regularly assess and monitor the quality of the service provided. The provider was able to demonstrate how they measured and analysed the care provided to children and young people, and how this ensured that the service was operating safely and was continually improving to meet their needs. Feedback about the hospice, the services and facilities it provided were actively encouraged and sought. Parents were aware of how to raise any concerns if needed to. Many positive compliments had been made about the 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.

Children and young people were protected and safeguarded from potential abuse.

Risks to children's and young people's care and support were appropriately managed to promote their safety.

There were sufficient numbers of staff available to meet children's and young people's care and support needs safely and to an appropriate standard.

The provider's arrangements to manage children's and young people's medicines were suitable and safe.

Is the service effective?

Good ●

The service was effective.

Children and young people had access to care and treatment from staff and volunteers who had the appropriate skills and knowledge to meet their needs.

Guidance was being followed to ensure that children and young people were supported appropriately by staff in regards to their ability to make decisions. Staff understood the importance of gaining consent.

The dining experience for children, young people and their family members was positive and they were supported to have adequate food and drink and to have their nutritional needs met.

Children and young people's healthcare needs were met and they were supported to have access to a variety of healthcare professionals and services.

Is the service caring?

Good ●

The service was caring.

Our observations demonstrated that staff were friendly, kind and

caring towards the children and young people they supported so as to ensure that appropriate care was provided and that positive caring relationships were developed.

Suitable arrangements were in place to support children and young people to make decisions about their care, support and treatment.

Staff know how to manage children's and young people's end of life care and to provide post bereavement care.

Staff demonstrated a good understanding and awareness of how to treat children and young people with respect and dignity.

Is the service responsive?

Good ●

The service was responsive.

Children and young people received personalised care and support that was flexible and responsive to their specific needs.

Children and young people were provided with suitable opportunities to participate in age-related social activities.

Care plans were robust to ensure they were centred on the child or young person and staff had the information they needed to deliver the care and treatment.

Appropriate arrangements were in place to manage complaints to an appropriate standard.

Is the service well-led?

Good ●

The service was well-led.

The management team of the service were clear about their roles, responsibility and accountability.

Appropriate arrangements were in place to ensure that the service was well-run. Suitable quality assurance measures were in place to enable the provider and management team to monitor the service provided and to act where improvements were required.

Little Havens Children's Hospice

Detailed findings

Background to this inspection

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

This inspection to the service took place on 23 and 30 November 2016 and was announced. The provider was given five days' notice.

The inspection team consisted of one inspector. Additionally, the inspector was accompanied by a member of the Care Quality Commissions medicines team and a specialist advisor. The specialist advisor was a paediatric palliative care liaison nurse qualified and experienced in working within a hospice and in the field of palliative and end of life care. Palliative care is a multidisciplinary approach to specialised care for people with serious illnesses.

Before our inspection we reviewed the Provider's Information Report (PIR). This is information we asked the provider to send us to evidence how they were meeting our regulatory requirements. We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and registered manager are required to notify us about by law.

We used a number of different methods to help us understand the experiences of people who used the service. We observed the care and support provided for six children on 23 and 30 November 2016. We spoke with one parent and one young person who used the service at the time of the inspection visit to the service. We also contacted and spoke with an additional five parents on 4 January 2017. We spoke with seven nurses [including the ward and deputy ward sister], three healthcare assistants, the siblings lead support worker, one complimentary therapist, the head chef and three volunteers. Additionally we spoke with the registered

provider, the registered manager, Director of Care and Executive Nurse, Director of Facilities and the Senior Administrator for Learning and Development. We also spoke with two trustees for Little Havens Children's Hospice.

We reviewed the care plans and records of three children to see how their support was planned and delivered and four children's medication records. We also reviewed a range of documents which related to the management and governance of the service. This included quality assurance audits, minutes of meetings for different teams and departments, staff personnel files and staff training and development records.

Is the service safe?

Our findings

Parents described the experience of the hospice as being safe for their children. Parents told us that they had confidence in the staff team to keep their child safe. One parent told us when asked if their child was safe when they visited the hospice, "110% they are safe. I have total faith and confidence in the staff and they [staff] do everything possible to keep [child's name] safe. The staff know [child's name] needs and this provides me with confidence that their safety is promoted and paramount at all times." Other parents told us that they trusted the service and staff implicitly to keep their child or young person safe.

Staff understood their role and responsibilities in promoting children and young people's safety. Staff told us they felt the children and young people were safe in the care of the hospice and stated that they would be pleased to recommend the service to others. Staff had received appropriate safeguarding training. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety. Staff knew who the 'safeguarding lead' was and who deputised in their absence. Staff were confident the provider would act appropriately on people's behalf. Staff also confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if they felt the provider was not responsive or took their responsibilities seriously.

Safeguarding concerns and plans were clearly documented and there was evidence to show that the provider and leadership team worked in conjunction with other professionals and agencies. However, initially these records could not be accessed and this included by some key members of the management team. We discussed this with them and appropriate steps were taken to immediately rectify this.

Parents told us they had been involved in identifying and managing risks to their child's wellbeing and safety when staying at the hospice. One parent told us, "The staff know [child's name] needs and the risks posed. Staff do all they can to minimise any risks which could affect [child's name] wellbeing and safety." Staff confirmed that as part of the admission process, communication with the child or young person's parents and healthcare professionals was routinely undertaken and reviewed so as to ensure that any risks were shared at the time of admission. These were reconsidered each time the child or young person visited the hospice to ensure the staff had the most up-to-date information available to minimise risks presented or potential risks posed.

Risks to each child or young person's safety and wellbeing had been considered and documented, for example, in relation to their specific healthcare conditions, nutritional needs, moving and handling requirements and environmental risks at the hospice. These arrangements helped to ensure that risks could be managed and mitigated. For example, where staff had identified risks associated with supporting a child or young person to move, suitable arrangements were in place to make sure that risks associated with the use of specialised equipment had been assessed and were in place for staff to follow. Safety measures for each child and young person who used the hydrotherapy pool had been considered which included the use of additional specialised equipment together with the specific staff support required.

Children and young people were cared for in a safe environment. The hospice environment was spacious and accommodated specialist equipment required to keep the child and young person safe. Each bedroom or suite was of a suitable size and there was equipment available to suit a variety of needs, for example, profiling beds, pressure relieving mattresses, therapeutic chairs and other medical equipment. Bathrooms have sensory equipment in place so as to ensure that particularly older children and young people who are admitted to the hospice are able to experience a 'spa-style' environment. The interim manager and ward sister confirmed that a safety check was carried out in each room before a child or young person used the facilities so as to ensure it was safe and 'fit for purpose'. Parents told us they were very happy with the facilities provided.

Parents we spoke with told us they believed there were enough staff on duty to meet their individual child's or young person's needs whilst they stayed at the hospice. Our observations on both days of the inspection to the hospice showed there were sufficient staff on duty to provide care and activities for all children and young people who were accessing respite care or day care. During our inspection we saw children's and young people's needs were not rushed and care and support was provided and responded to in a timely and safe manner.

Staff confirmed that an individual child or young person received as a minimum one-to-one support. Staff told us that staffing levels were planned and managed to meet the needs of the individual child or young person admitted to the service. The staff planner was displayed to evidence staff numbers and skill mix of staff to keep each child or young person safe from harm and to ensure their care and support needs could be met. Where unforeseen staffing deficits occurred, the interim manager and ward sister confirmed 'bank' staff were readily available to provide cover at short notice. Our observations on both days of the inspection showed there was a good mix of staff with the right skills and competencies to meet the child and young person's needs. For example, the staff team were made up of qualified nurses, healthcare assistants, a sibling support worker, family support team members, music therapist, complimentary therapist and social worker. There were also suitable on-call arrangements in place to deal with unforeseen emergencies and events.

Staff confirmed that the provider's recruitment and selection procedures were thorough and safe. Staff recruitment records for three members of staff showed the provider had operated a thorough recruitment procedure in line with their policy and procedure. This showed that staff and volunteers employed had the same appropriate checks to ensure they were suitable to work with children and young people.

Medicines that were brought in to the hospice were checked by a nurse, information was transcribed onto a Medication Administration Record [MAR] and then cross-referenced against a drug record sheet provided by the child's or young person's GP. These practices assisted staff to ensure that the information was accurate and correct. Any changes to a child's or young person's prescribed medication was documented on the hospice's electronic system. This could be accessed by the GP practice which normally cared for the child or young person when they were at home.

Medicines were stored safely and securely. There was a safe and secure system in place to ensure that if a child or young person went out for the day, they could take their medicines with them in a secure locked medicine pouch. This ensured that a child's medication was readily available while making sure the medicines remained safe with access only by authorised people.

Parents we spoke with were confident that medicines were appropriately managed and given to their children as prescribed. The Medication Administration Records [MAR] for four children showed that they were getting their medicines when they needed them. There was an effective system in place for obtaining

medicines from the local hospital should they be required including those required outside of normal working hours. Suitable arrangements were in place should older children wish to administer their own medication.

There was a current medication policy and procedure in place and medication audits were conducted at six monthly intervals. Medication incidents were systematically reported and investigated and these were reviewed at the Drug and Therapeutics Group which met on a quarterly basis. The PIR confirmed that the service had a service agreement with the pharmacy department at Southend University Hospital for pharmacy support and medicines supply. We discussed this with the ward sister and they confirmed that a designated pharmacist visited the hospice regularly to check stock levels and undertake audits of stock rotation, storage, disposal and supply; as well as attending the organisation's Drugs and Therapeutics Committee. We saw evidence of actions taken and procedures changed as a result of lessons learned.

All staff involved in the administration of medication had received appropriate training and had their competency assessed at regular intervals.

Is the service effective?

Our findings

We found children's and young people's care was provided by a staff team that were appropriately trained and supported. Parents told us they had confidence in the staff to provide the care and support their child or young person required as staff were knowledgeable and understood their child's or young person's individual needs. Parents told us in their opinion staff were suitably trained and skilled. Where a child or young person required specific healthcare support or interventions, training relating to that area or topic were undertaken by staff.

The senior administrator for learning and development told us all newly employed members of staff received a structured planned induction and training programme so as to help them to be an effective member of staff. This included both mandatory training as established by the provider and specialist courses in relation to paediatric palliative care. Staff felt there was a good culture of training and this was supported by the organisation. Staff told us they had four team days a year, where training was completed. Staff spoken with confirmed their mandatory training was up-to-date and records confirmed this. A member of staff confirmed their induction had been comprehensive and they received good support from other team members.

Our observations during the inspection showed there was an effective use of volunteers within the hospice. The senior administrator for learning and development confirmed and records showed that volunteers attended training in mandatory topics, for example, safeguarding, bereavement awareness, health and safety, infection control, food handling and fire safety. A facilitator was available that volunteers could go to for all on-going support and co-ordination relating to their induction and training. One volunteer told us, "The training provided was excellent."

Staff received regular supervision and records confirmed that this was accurate. Staff told us that supervision was used to help support them to improve their practice, to discuss their roles, discuss the specific needs of children and the young people they supported and their training needs. Staff told us this was a two-way process and they felt supported and valued by the organisation. The interim manager told us that they and other senior members of staff received their formal supervision via an external source. Staff employed longer than 12 months had received an annual appraisal and two trustees confirmed that all trustees also received an biennially appraisal.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was

working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The interim manager and ward sister were aware of the 'Gillick competence', a term used in law to decide whether a child under 16 years of age is able to consent to their own medical treatment without the need for parental permission or knowledge. Staff were able to demonstrate how they understood the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (applicable to children over the age of 18 years old). Our observations showed that children and young people's rights were protected where appropriate and staff sought consent from children and young people in relation to the care and support provided. Care records detailed who had parental responsibility and who should be included in best interest decisions.

Parents told us that the quality of the meals provided at the service were of a very high standard and met their child's or young person's needs. We spoke with the head chef who provided meals for children, young people, parents, siblings, staff and volunteers at the hospice. They told us that at the time of a child's or young person's admission, a 'dietary sheet' was completed. This detailed known allergies, food preferences relating to their likes and dislikes, an individual's preferred method of eating and any dietary requirements relating to their cultural and faith needs, for example, Kosher or Halal. Children's nutritional status was assessed on each admission and at each annual review with a parent and wherever possible with the child or young person. Additionally, the 'dietary sheet' included the child's or young person's meal times preference. The head chef told us that the latter was very important as some children preferred to eat earlier and at a more peaceful time than the scheduled times. The latter showed that mealtimes could be flexible to meet a child's or young person's needs.

Mealtimes were family orientated with children, young people and their families and staff all eating together if they wished. We observed that the dining experience was relaxed and not rushed. The head chef confirmed there were separate kitchen facilities and a dining area available for parents and siblings to eat and drink upstairs at the hospice. This gave the parents and siblings the opportunity to have a break from the child or young person with life threatening or life limiting conditions. Children's and young people's dietary needs were recorded and where complex nutritional needs were being managed, with parents' permission, staff networked with community based services, for example, speech and language therapist, dietician, GP and community paediatrician.

Children and young people had an 'Urgent Treatment Plan' in place. This plan provided a written record of a family's wishes in the event of a sudden emergency situation such as cardiac arrest, respiratory arrest or other immediate life-threatening conditions.

Every opportunity is taken to ensure the children and young people are supported to have their healthcare needs maintained, to have access to healthcare services and to receive on-going healthcare support. A Service Level Agreement is in place with the local GP practice and this is provided 365 days a year. This is a contract between a service provider (GP practice) and Little Havens Children's Hospice that defines the level of service the hospice will receive from the GP practice. There is an 'on-call' system which is also covered by the same GP practice and not another 'out of hours' service so as to ensure there is access to specialist advice, care and support, including symptom and pain control throughout the 24 hour period. The GP practice visit each day and a consultant paediatrician attends the service twice weekly to provide medical support and attends panel meetings where new children and/or young people are discussed. Quarterly GP meetings are held and these are attended by the ward sister from the hospice.

Staff confirmed that they attended local palliative care forums and that there was a good working relationship with local GP surgeries, local hospitals including links with Great Ormond Street, the Local

Authority, local volunteer organisations and organisations and support groups relating to specific medical conditions.

The hospice environment was friendly and welcoming and a place where lots of child friendly activity took place. The premises had been adapted and specialist equipment was provided to meet the individual needs of children and young people and this extended to the outdoor facilities. There were lots of spaces for different activities for the whole age range from 0 to 19 years. The accommodation for parents and siblings on the first floor was well maintained and clean.

Is the service caring?

Our findings

A parent told us, "[Child's name] loves coming here. They like the facilities and when they come here, they can do what they want without me standing by their side. This gives them a taste of independence. I know they are happy, just hearing my child laugh-you know they are enjoying their time here. Out of all the places we go to, this is the place that [child's name] can just 'be'." One parent told us when asked as to how they would describe the care provided for their child or young person, "It is like being at home, everything is literally catered for, if not more so." Another parent told us, "The care provided is absolutely amazing. They provide wonderful care for [child's name] and support for the whole family. You couldn't get better staff here and they go above and beyond." Another parent told us, "The care is absolutely brilliant, absolutely amazing."

Parents told us and the PIR confirmed that they were encouraged to talk about their experiences and to utilise services such as family support and chaplaincy.

Staff spoken with clearly knew the care and support needs of the children and young people they supported. Parents and staff told us support was available for the whole family and this could include emotional or educational support for the child or young person, their siblings and counselling for parents. Siblings can be referred by the family or professionals to STEMS and can receive support either at home or in the hospice as an individual or as part of a group. [STEMS stands for Support, Therapy, Education, Music and Specialist Play]. There are bi-monthly meetings run for children of primary school age [Krafty Kids], meetings specifically for boys aged nine to 12 [Inbetweeners], meetings for young people of secondary school age [VIP] and meetings for young people aged between 16 and 20. The activities of these groups vary and meetings can be held at the hospice or off site.

One parent told us, "Sibling support is provided for our other child. They can at times be anxious; however they always want to go to the meetings and events. It has really been beneficial and since attending they have made a couple of friends." Another parent told us that since their child had attended STEMS they had met their best friend. They stated, "It has been a really positive experience and they cannot wait to go to these meetings. It provides the opportunity for them to talk with others with similar experiences and who understand exactly what they are going through and maybe feeling. The only negative point is these meetings are not often enough and they wish these were more frequent." The STEMS also confirmed that in addition to the above, an annual week long sailing trip was available for siblings to enjoy.

Suitable arrangements were in place to ensure children and young people experienced a comfortable and pain free death. This included regular assessments, reviews and interventions by nursing and medical staff. At the time of our inspection no children or young people were receiving end of life care. The management team and staff told us how they showed care, respect and dignity at this time for a child or young person. Whether a child or young person died at the hospice, in hospital or in the community, they and their family were able to use The Woodland Suite. This is a dedicated bereavement suite in the centre and heart of the hospice that consisted of a bedroom and private adjoining sitting room. The bedroom looked much like any other bedroom with a single divan bed. The latter was a specific request from families. The registered

manager confirmed the bedroom could be individually personalised for the child or young person. The private adjoining sitting room and gardens meant families could receive guests, spend time together or alone and use the suite as required.

A parent of a child who had died told us they had exceptionally good memories of their child's end of life care at the hospice. The parent confirmed that advanced care planning had been considered, discussed and recorded. They told us they were supported by staff to discuss with their child their end of life care, taking into account their child's wishes and preferences. For example, to die at Little Havens Children's Hospice and not in hospital. The parent told us when their child's health deteriorated and because the child was known by staff to adore Christmas, their room was decorated accordingly. The parent told us, "The care team were brilliant and they adored [child's name]. They loved the fact that their room had been decorated in this way. During this time staff stayed with them and at all times someone was in attendance." When their child died and was moved to The Woodland Suite, they told us, "In all the time that [child's name] had been going to the hospice, I had never thought about The Woodland Suite. It wasn't a secret but just something that I hadn't thought about. When [child's name] died, I could not put a value on the Woodland Suite and the comfort this gave me." They confirmed they were able to stay there for up to seven days and could spend as much time with their child until they were ready to say goodbye and to let them go. Support was provided by staff to discuss the child's funeral arrangements. They also told us staff were effective listeners, responded to their conversations and questions honestly, provided appropriate information, comfort and understanding at a difficult time. The parent also confirmed that bereavement support was offered and made available for as long as they needed this and included sibling support for their other children. The parent also told us they were able to attend the annual 'Thanksgiving Day'. This is a remembrance service which is open to everyone and provides a chance for families to come together to celebrate their loved ones.

Staff confirmed that they received appropriate support and supervision caring for a child or young person at the end of their life and bereavement support and debriefs were available.

Parents told us that children's, young people and their families' privacy was promoted. Private and confidential information relating to the care and treatment of children and young people was kept safe and secure and only those authorised were able to access this.

Is the service responsive?

Our findings

Parents told us that the staff were responsive to the individual needs of children and young people and that care was provided in a manner which was centred on the person. Additionally, they confirmed the staff were also responsive to the needs of family members. One parent told us, "Without them [staff] I don't think I would be here. I and the rest of the family would not have been able to cope without their support." Another parent told us when their child attended the hospice they were able to leave their child in the hands of the care team. They stated, "As a family we can go upstairs to the family suite and have 'me time'. We can curl up and watch a film knowing our child will be safe and well cared for."

A robust referral process was in place and this included an assessment of the child's or young person's and family's needs by the caseload liaison nurse. Subsequently the assessment is presented to an internal panel. This ensured that the staff were able to meet the child's or young person's needs in accordance with the Together for Short Lives guidelines. Additionally, the referral process helped to determine the number of respite day and nights they are allocated and can receive over a 12 month period. The ward sister confirmed that as well as this a child or young person could be offered additional respite provision through the hospice's 'flexi-bed' arrangements. During our inspection a parent was offered an additional day and night respite for their child and was delighted with the outcome.

Care plans viewed were comprehensive and fully reflected the needs of the child or young person receiving care and treatment. This included all aspects of the clinical care and treatment to be delivered, equipment required, complimentary therapy and emergency care to be provided. Information relating to the psychological support for the family and the care of siblings was also included. There was evidence to show where changes to a child's or young person's care needs had taken place, the care plan had been reviewed and updated to reflect the changes. The continuous review of the care plan also reflected the fluctuating needs of the family and their ability to cope and where the child or young person's needs changed or healthcare needs deteriorated. Care plans were updated on each admission to ensure the child's or young person's needs were accurately reflected. Parents confirmed these plans had been developed and shared with them. Parents told us they were reassured that their child's or young person's needs were clearly understood by the care team and medical professionals and this was demonstrated by the quality of the care and support provided.

Parents confirmed that communication with the care team was positive. Evidence of good communication between the hospice, parents and medical and healthcare professionals was seen. Records of telephone conversations with parents, updates on new concerns or information about changes to the child's or young person's condition and input from other professionals was all clearly documented.

Staff attended daily handover meetings at the beginning and end of each shift. The purpose of these was to discuss the care and wellbeing, medical care and interventions of each child or young person. We attended one handover and observed that information relating to a child or young person's needs was discussed and shared. This ensured the care team were kept informed about a child's or young person's needs and any relevant changes to these. This enabled the care team to provide a consistent and responsive level of care.

Parents confirmed that their child or young person was able to follow their interests and take part in a range of social activities. One parent told us their child had regularly taken part in activities such as, swimming, art and crafts, cookery, music therapy, therapeutic massage, made use of sensory equipment and had assisted the gardeners with painting the gazebo. Another parent told us their child loved the 'ball pool' and spent as much time as possible in there. Another parent told us their child had made a beautiful Christmas card with the aid of staff. Eight children/young people confirmed when completing a questionnaire about the service between February 2016 and April 2016 there were sufficient facilities, equipment and staff to carry out the activities of their choice. The hospice was able to provide these activities and opportunities in a safe and well maintained environment. Although no young people were seen to access the teenage suite at the time of our inspection, a suitable environment was available whereby young people could undertake activities of their choice. For example, watch films of their choice, play multimedia games on a games console, listen to music, play games or just simply to socialise.

Parents told us if they needed to raise a concern or make a complaint they would not hesitate to do this. However, parents spoken with confirmed they had not needed to do this on behalf of their child or young person. A formal complaints procedure in leaflet form was in place entitled 'Points of View'. This advised parents and others about how they could make their views known about the hospice, for example, by talking to a member of staff, completing a feedback questionnaire or emailing/writing to the management team. The ethos of this was that although the provider was confident the quality of care and support provided for children and young people was good, they were keen to know if it was right or not as a way of learning lessons. The leaflet also told people what to do if they wanted to raise a concern or make a complaint and the timescales for action. We made comment at the time of the inspection about how this could be made more 'user friendly' for the children and young people accessing the hospice. An assurance was provided by the management team this would be considered and reviewed for the future. We saw within the last 12 months there had been one complaint and this had been appropriately dealt with.

A record of compliments was maintained so as to capture the service's achievements. Many positive comments were noted about the quality of the service provided.

Is the service well-led?

Our findings

The hospice was well-led and managed and all parents spoken with made positive comments about the quality of the service provided. One parent told us, "The care and support provided at Little Havens [hospice] is absolutely fantastic. I cannot speak highly enough of the support provided and the care the staff provide for [child's name]." Another parent told us, "The care team and facilities at the hospice are excellent. Nothing is too much trouble for the staff. The support is amazing." All parents spoken with confirmed they would recommend the service to others without hesitation.

A registered manager was employed at the service, however they were not at work at the time of the inspection and the service was being managed on a day-to-day basis by the registered manager of Fair Havens hospice. There was a clear structure to the organisation with trustees and senior managers, staff and support services. The manager was fully supported by the chief executive, director of care/executive nurse and other senior management team members. The interim manager told us, "I feel very well supported. You do not feel you are on your own and you can always get support when you need it." Parents and staff told us the service was well managed and run for the benefit of the children, young people, parents and siblings who used the service. Everyone spoke about the service as a "very special place" and, "Little Havens hospice is amazing."

Staff spoke very kindly and compassionately about the children, young people and the families they supported and it was evident staff enjoyed working at the hospice and was proud of the care, treatment and support they provided. All staff and volunteers spoken with stated there was an open, supportive and positive culture that encouraged their views and input. Staff told us they felt able to question practice if necessary and would be encouraged and supported to do so. It was evident staff and volunteers were aware of their individual role and responsibilities. Staff told us they were well supported; felt involved, listened to and appreciated, particularly by the ward sister. Staff further stated said there was good teamwork as staff worked well together and communication was good. One member of staff told us proudly, "I can be a real nurse here."

Robust arrangements were in place for auditing the quality of service provision at the hospice. Quality assurance audits were completed in a number of areas, for example, medication and health and safety by those staff delegated the responsibility to take the lead. Each audit resulted in a report which provided a description of an overview of the findings, areas for discussion and an action plan. The Clinical Quality Group which met monthly monitored the provider's annual audit plan to discuss issues raised and action plans that arose from the completed audits. Information from these was then discussed and presented at various committee groups and subsequently presented to the trustees, the chief executive and director of care/executive nurse so as to help drive improvement and quality. Completion of actions was checked at regular intervals to demonstrate that any actions had been completed. The trustees were visible throughout the organisation and in addition to the above, conducted six monthly provider visits as part of the service's quality assurance processes and procedures.

The registered manager had completed a PIR in February 2016, in which they described various aspects of

the service, including what the organisation hoped to achieve in the ensuing 12 months [2016/2017]. One example was to develop closer working with community services such as EPIC Children's Respite Service so as to identify where there is a need for community hospice provision in the same catchment area as Little Havens Children's Hospice. It is envisaged that this will inform the future development of the hospice's day care service and the possible plans for a community service operating out of Little Havens Children's Hospice in the future. Some of the areas as highlighted for improvement and to be introduced had been started and established. For example, the introduction of 'Schwartz Rounds' had been identified and implemented at the hospice. This is an evidence based forum for staff to come together to talk about the emotional and social challenges caring for children and young people, by sharing their experiences and supporting one another. Parents forums had been introduced and to date two meetings had taken place. Additionally, steps were being taken to work closely with the organisations 'sister' service [Fair Havens] to identify all young people approaching the transition phase of their care and to plan for their future and transfer to adult services.

Our records showed within the last 12 months the Care Quality Commission had not received any statutory notifications from the service and as required by regulation. We discussed this with the interim manager and the ward sister and they confirmed no reportable incidents had occurred.

Feedback from parents, children and young people was captured during February 2016 to April 2016. The management team used the feedback to improve the service so as to ensure the hospice continued to and was developed to meet the needs of children and young people with life threatening or life limiting conditions. Questionnaires were emailed to families, given out during respite stays and annual review meetings. The report of the findings confirmed that in total 34 questionnaires were returned and this included 26 of the 34 questionnaires completed by parents/carers and eight completed by children/young people. All of the comments received by the parents/carers/children and young people were very complimentary and confirmed they received a positive experience at the hospice. The one area for improvement that was consistently recorded related to parents/carers/children and young people wanting to have more respite breaks at the hospice. The management team confirmed they were aware of this and were actively looking at how this could be managed.

The interim manager told us where staff contributed to quality initiatives that made a difference to children and young people using the service, opportunities were available for them to be recognised by the organisation at its annual quality award ceremony.