

Helen & Douglas House

Helen and Douglas House

Inspection report

14A Magdalen Road
Oxford
Oxfordshire
OX4 1RW

Tel: 01865794749

Website: www.helenanddouglas.org.uk

Date of inspection visit:
06 June 2017

Date of publication:
26 July 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

We inspected this service on 6 June 2017.

Helen and Douglas House is a hospice charity based in Oxford providing palliative, respite, end of life and bereavement care to life limited children, young adults and their families. Helen House can accommodate up to eight children and Douglas House up to seven young adults. At the time of our inspection there were four children in Helen House and three young adults in Douglas House.

The service provides complete care including counselling and bereavement support for children, young adults and their families. The hospice had a multi-professional team consisting of medical and nursing staff, spiritual care, family support workers and therapists. The hospice was also supported by volunteers.

There was a registered manager in post. 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. The registered manager worked closely with the director of clinical services and a deputy manager.

At the last inspection on 6 December 2016, the inspection was prompted in part by a notification of a significant incident. On that focused inspection the service was rated inadequate in safe and requiring improvement in well led. Two breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 were identified. Following the inspection, we received regular action plans which set out what actions were being taken to ensure children and young adults were safe.

We undertook this inspection on 6 June 2017 in line with our inspection guidance to see if improvements had been made. At this inspection we found considerable improvements in the service. We saw that action had been taken to improve children's and young adults' safety and the provider's quality assurance systems were effective.

Children and young adults had a range of individualised risk assessments in place to keep them safe and to help them maintain their independence. Where risks to children and young adults had been identified, risk assessments were in place and action had been taken to manage the risks. Staff were aware of children's and young adults' needs and followed guidance to keep them safe.

Children and young adults received care that was personalised to meet their needs. Care plans were current and reflected changes in care.

The provider had effective quality assurance systems in place which identified areas of improvement and allowed learning across the board.

Children and young adults who were supported by the service felt safe. Staff had a clear understanding on how to safeguard them and protect their health and well-being. Children and young adults received their medicines as prescribed.

There were enough suitably qualified and experienced staff to meet children's and young adults' needs. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their roles.

Staff received adequate training and support to carry out their roles effectively. Children and young adults felt supported by competent staff that benefitted from regular supervision (one to one meetings with their line manager) to help them meet the needs of the children and young adults they cared for. Nurses were supported through the revalidation process.

Children's and young adults' nutritional needs were met. They were given choices and were supported to have their meals when they needed them. Staff treated children and young adults with kindness, compassion and respect and promoted their independence and right to privacy.

Children and young adults were supported to maintain their health and were referred for specialist advice as required. Staff knew how to support children, young adults and their families through the bereavement process.

Staff knew the children and young adults they cared for and what was important to them. Staff supported and encouraged them to engage with a variety of social activities of their choice. Children and young adults were encouraged to develop friendships during their stays at Helen and Douglas House.

The service looked for ways to continually improve the quality of the service. Feedback was sought from children, young adults and their families and used to improve the care. Children, young adults and families knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

Leadership within the service was open and transparent. Young adults, their families and staff were complimentary about the management team and how the service was run.

The registered manager informed us of all notifiable incidents. The registered manager had a clear plan to develop and further improve the service. Staff spoke positively about the management support and leadership they received from the management team.

Despite the significant improvements we found on this inspection, we could not improve the rating for safe from inadequate to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Whilst the service had made significant improvements to the safety of care we have judged the service needs to demonstrate that these improvements can be sustained over time.

Risks to people were managed and assessments were in place to manage the risks and keep children and young adults safe.

There were sufficient numbers of suitably qualified staff to meet children and young adults' needs.

Children and young adults were protected from the risk of abuse as staff had a good understanding of safeguarding procedures.

Medicines were administered safely.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had the knowledge and skills to support children and young adults effectively.

Children and young adults were supported to have their nutritional needs met.

Staff had good knowledge of the Mental Capacity Act 2005 and applied its principles in their day to day work.

Children and young adults were supported to access healthcare support when needed.

Good ●

Is the service caring?

The service was caring.

Children and young adults were treated as individuals and were involved in their care.

Children and young adults were supported by caring staff who treated them with dignity and respect.

Good ●

Staff knew how to maintain confidentiality.

Is the service responsive?

Good ●

The service was responsive.

Children's and young adults' needs were assessed and care plans were current and reflected their needs.

Children's and young adults' views were sought and acted upon.

Children, young adults and families knew how to make a complaint and were confident complaints would be dealt with effectively.

Is the service well-led?

Good ●

The service was well led.

Young adults, families and staff told us the management team was open and approachable.

The leadership created a culture of openness that made staff, children and young adults feel included and well supported.

There were effective systems in place to monitor the quality and safety of the service.

Helen and Douglas House

Detailed findings

Background to this inspection

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

This inspection was carried out by three inspectors and a pharmacist inspector. The inspection took place on 6 June 2017 and was unannounced.

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We obtained feedback from commissioners of the service.

We spoke with four young adults and six family members. We looked at seven children's and young adults' care records and medicine charts. We spoke with the registered manager, director of clinical services, house manager, volunteers and clinical staff which included, doctors, nurses and carers. We reviewed a range of records relating to the management of the hospice. These included six staff files, quality assurance audits, minutes of staff meetings, incident reports, complaints and compliments. In addition we reviewed feedback from families of children and young adults who had used the service.

Is the service safe?

Our findings

At the last inspection in December 2016, we identified that children and young adults were not safe and the safe domain was rated as inadequate. Risks to children and young adults' safety were not always assessed and they did not have plans in place to minimise the risks. Children's and young adults' care records were not always up to date and did not always reflect the care that was given. The provider had no clear process of ensuring staff were familiar with different breathing equipment. These concerns were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection in June 2017 we found significant improvements had been made and the service was now meeting the requirements of this regulation.

We acknowledged the significant improvements we found on this inspection. However, we could not improve the rating for safe from inadequate to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Children and young adults had risk assessments and risk management plans in place to manage identified risks. For example, one young adult suffered from epilepsy with seizures. The risks posed by seizures were identified and risk management plans were in place. Furthermore, the guidance on how to mitigate the risk was incorporated into other risk assessments which included using the Jacuzzi and travelling on the minibus. The risk management plans clearly guided staff on how to manage any potential risk in any possible scenario.

Another young adult had a percutaneous endoscopic gastrostomy (PEG) (feeding tube placed through the abdominal wall and into the stomach) tube for medicines and fluids. There were risk assessments and risk management plans which covered things like a gastrostomy tube being dislodged or accidentally pulled out, infection, gastrostomy blockage or leaking.

Records relating to care were kept up to date and reflected the care given. For example, one child was readmitted to Helen house for pain management. The child's symptoms had changed. The pain management plan was reviewed against their last admission and the symptom and pain management plans reflected these changes.

We reviewed staff training records to ensure staff were trained to deliver care safely. Records showed staff had specific training which included stoma care, tracheostomy care and laryngectomy care. The provider had an overview of staff training which ensured that only staff who had received the training, provided care to people with these interventions.

Other risks to children's and young adults' safety had been assessed and risk management plans were in place to minimise the risks. These protected children and young adults, and supported them to maintain their freedom. Some of them had restricted mobility and information was provided to staff about how to support them when moving them around the hospice. Risk assessments included areas such as going out around the grounds, fire and traveling on minibus. Risk assessments were reviewed and updated promptly

when children and young adults' needs changed. Children and young adults had personal evacuation emergency plans in place (PEEPs). These contained detailed information on mobility needs and additional support required in the event of a fire from any part of the service.

The young adults we spoke with told us they felt safe receiving care from Helen and Douglas house. One young adult who used Makaton told us they were safe and happy. (Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order). One family member told us, "Yes, I feel safe to leave [child] there but know that Helen House is not a hospital so if [child's] condition deteriorates she has to be taken to hospital".

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep children and young adults safe. Staff understood their responsibilities to identify and report any concerns relating to abuse of vulnerable children and young adults in line with the provider's safeguarding policy. One member of staff told us, "You have to be as open as you can be about safeguarding incidents. We talk about safeguarding issues and the safeguarding lead takes control of it". Safeguarding was well embedded into everyday practice. No safeguarding alerts had been raised by the service since the last inspection.

Children and young adults received their medicines as prescribed. There were systems in place to manage medicines safely. The provider had medicines policies and procedures in place to guide staff on how to give medicines safely. We observed staff administered medicines to children and young people in line with their prescriptions. There was accurate recording of the administration of medicines. Medicine charts were completed to show when medication had been given or, if not taken the reason why.

Helen and Douglas house had sufficient numbers of staff on duty at all times to support children and young adults using the service. There was a range of staff employed by the service which included doctors, nurses, physiotherapists, maintenance personnel, catering staff, domestic workers and volunteers. In addition, a family support team consisting of social workers and bereavement counsellors was also available. One member of staff told us, "We cover any outstanding shifts with our regular staff. We don't use agency staff".

The provider followed safe recruitment practices. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable children and young adults. The DBS check helps employers make safe recruitment decisions and prevents unsuitable people from working with vulnerable people. Nurses' registrations with the Nursing and Midwifery Council (NMC) were checked, maintained and monitored.

The provider enlisted support from a large number of volunteers in various areas, performing reception duties, working in the shop, fund-raising as well as volunteering in clinical areas. The recruitment of volunteers included a comprehensive interview processes together with criminal record/barring and vetting checks.

Is the service effective?

Our findings

Families told us they received care from staff who had the skills and knowledge needed to carry out their roles. Comments included; "We have never seen a member of staff that does not seem skilled enough" and "Yes, they [staff] seem to have a good knowledge and there are different levels of training. For example, nursery nurse and nurse are confident with most things involved in [child's] care".

New staff were supported to complete an induction programme relevant to their role before working on their own. This included training for their role and shadowing an experienced member of staff. One member of staff told us, "In the beginning, we can shadow more experienced staff for as long as we need".

Staff told us they had the training they needed when they started working at the service and were supported to refresh their mandatory training. Staff completed a wide range of training which included record keeping, routine oxygen, artificial ventilation and medicine administration. We reviewed staff training records to ascertain if the training provided enabled staff to deliver care safely. These records showed staff were supported to attend specific training courses to ensure they had the skills to meet children's and young adults' needs.

Staff training was delivered by a variety of methods which included e-learning, classroom based activities and input from external trainers. Training was based on current best practice. The provider used a training matrix to identify the training staff and volunteers had completed. A wide range of training was on offer and included fire safety awareness, equality and diversity, moving and handling, and infection control.

Staff had regular supervision, which they told us they always found useful and were encouraged to raise issues or concerns. One member of staff said, "We have a supervision and a clinical supervision. The regular supervision takes place every three months with a team leader. However, you can approach the manager and talk to her". Where staff required clinical supervision in relation to their specific profession, this was provided by skilled professionals. Nurses completed self-assessments. One nurse commented, "I find the self-assessment of registered nurses' skills very useful. Then you can identify gaps in learning and this is something to address in your appraisal".

Staff were positive about the training and development opportunities they were given. One member of staff told us, "Training opportunities for nurses have improved. We have focused training each month now". The service supported nurses through the Nursing and Midwifery Council (NMC) revalidation process. The revalidation is the process that allows nurses to maintain their registration with the NMC and demonstrates their continued ability to practise safely and effectively.

Families told us they liked the food and that children and young adults were able to make choices about what they had to eat. Comments included; "The food always looks great. The children get lots of choices" and "They (young adults) eat whatever they want. The choices are endless". Drinks and snacks were available to children and young adults throughout the day. One young adult who used Makaton told us they enjoyed the food.

During lunch time we observed children, young adults, families and staff having meals in both houses. The atmosphere was pleasant. There was conversation and chattering throughout the dining rooms. Meal choices were available. Children and young adults were supported to have meals in a dignified way by attentive staff. We observed staff sitting with them and talking to them whilst observing and supporting them to have their meals at a relaxed pace.

Young adults or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. Staff knocked on doors and sought verbal consent whenever they offered care interventions. Staff told us they sought permission and explained care to be given. For example, where children and young adults were supported with personal care. One member of staff said, "We explain what we are going to do and ask for permission. It's the natural thing to do".

The provider followed the Mental Capacity Act 2005 (MCA) code of practice and made sure that the rights of children and young adults who may lack mental capacity to take particular decisions were protected. The 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.

Staff were knowledgeable about how to ensure the rights of young adults who were assessed as lacking capacity were protected. Where young adults were thought to lack the capacity to consent or make some decisions, staff had followed the MCA code of practice by carrying out capacity assessments. Where young adults did not have capacity, there was evidence of decisions being made on their behalf by those that were legally authorised to do so and were in the young adult's best interests. One member of staff told us, "We presume capacity in the first instance".

People can only be deprived of their liberty to 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, hospitals and hospices 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 provider followed the requirements in the DoLS. Applications under the DoLS had been authorised and the provider complied with the conditions applied to the authorisation. Young adults who had DoLS in place were being supported in the least restrictive way. Staff had been trained and understood the requirements of the MCA and the specific requirements of the DoLS.

Children's and young adults' health needs were met by a range of health professionals during their stay in both the hospice and at home. Professionals included; specialist palliative care consultants, palliative care doctors, clinical psychologists, physiotherapists, complementary therapists and community nurse specialists. There were effective methods of communication between the various health professionals to ensure people received seamless care when accessing the various services provided.

Is the service caring?

Our findings

Children, young adults and their families told us they enjoyed their stays at Helen and Douglas house and were complimentary of the staff. One young adult told us, "Most of the carers do more than just the care for me. They make my stay fun and do more than they need to which makes me very happy to be looked after by them". Family members told us, "Helen and Douglas house is the best place ever, a real life line", "We could never manage without them [service]" and "They look after us very well, the whole family".

Families told us staff really cared. They said, "They always ask how things are with all of us and even staff that don't look after [child] take time out to speak to us and ask how things are. Staff make us feel good and comfortable", "Staff are very respectful. They talk to [young person] as an equal" and "Staff are fantastic. They see the children not the disease".

Staff told us they enjoyed working at the service. They said, "I love working here. We are a close knit team and we support each other very well" and "What's not to like about working here. We make changes in the patients' lives".

Children, young adults and their families received care and support from staff who had got to know them well. The relationships between staff and children and young adults receiving care demonstrated respect and dignity. We observed many caring interactions between staff and the children and young adults they were supporting during our inspection. For example, preferred names were used on all occasions and we saw warmth and affection being shown to people. There was chatting and appropriate use of humour throughout the day.

We observed children and young adults being assisted in a patient way. They were given options and the time to consider decisions about their care. Staff told us, "We give them options and respect their choices" and "Everyone has a right to make choices. We always give the children choices of what they want to do or what to eat". Families commented; "They [staff] acknowledge children's choices" and "Children get lots of choices of food and activities".

Young adults and families were involved in care reviews and information about care was given to them. Care plans evidenced their involvement in creating the care plans and reviews at each and every stay.

Staff knew children's and young adults' individual communication skills, abilities and preferences. Care plans contained information and guidance on how best to communicate with children and young adults who had limitations to their communication. Care plans detailed the facial expression and body language of children and young adults as well as the sounds they made to express their discomfort if they were unable to verbalize it. Actions needed to be taken to comfort them were clearly described. For example, one young adult's care record stated they used 'Makaton'. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order. Staff knew what the signs meant and how to respond to them. One member of staff told us, "We communicate with non-verbal young adults using pictures or technology. For

example, we had one young adult using text messages on their phone to communicate with us. Another young adult was using dynovox (An all-in-one speech tablet for symbol communication) through eye blinks. We've also used light writers".

Staff treated children and young adults with dignity and respect. Care was given in private. One member of staff told us, "I always explain what I'm doing and keep them covered. I ensure I follow the care plan on how they want things done". Young adults and families told us they were treated with dignity and respect. One young adult said, "The carers always make sure I keep my dignity when changing, washing and carrying out personal care". Families commented; "I know they [staff] close the door and curtains when they change [child's] pad and give [child] a bath" and "Staff are very respectful and tell [child] her what they are going to do next. Close the door when doing personal care".

Children's and young adults' independence was promoted. Staff told us that children and young adults were encouraged to be as independent as possible. One member of staff said, "We support patients to complete simple tasks rather than take over. It gives them some independence". The registered manager told us, "In Douglas house we emphasise the enabling program which gives the young adults more independence".

Staff understood and respected confidentiality. Records were kept in locked cabinets and only accessible to staff. Staff told us, "We keep care plans locked away", "Personal information is on a need to know basis" and "We do not discuss patients in public places".

Children's and young adults' advanced wishes were respected. Staff told us they involved them and their families in decisions about end of life care and this was recorded in their care plans. All staff had received training in palliative care. There were chilled bedrooms available for when children and young adults passed away. These allowed families time to adjust to the death of their loved one.

The hospice provided a comprehensive and flexible support and bereavement service which ensured the individual needs of children, young adults and their families were met. Children, young adults, their siblings and families were able to access support from a family support team for emotional, spiritual and bereavement support. They were supported to work through grief and loss as well as adopt coping strategies. There was no time limit for access to the bereavement support team. Families were able to continue accessing bereavement and emotional support for as long as they needed it after a person's death.

Is the service responsive?

Our findings

Before children and young adults came for respite or symptom management at Helen and Douglas house, their needs were assessed to ensure they could be met. Various methods were used to collect up to date information which included pre visit phone calls, hospital discharge letters and in-depth discussions with families. Each person had a robust assessment of their needs and these were used to create a person centred plan of care which included preferences, choices and interests. Staff told us they aimed to mirror the care provided at home.

Families told us how robust the assessment process was. They said, "They (staff) also phone us a few days before [child] goes there to stay and ask [child's] conditions, any changes and our request to them about what we would like them to do to with [child]" and "Staff have a rigorous check in process and they take note of everything". One young adult told us, "They also talk to my parents when I get dropped off so they know of any new needs I need help with and they incorporate them into my stay".

Children's and young adults' care plans were descriptive and reflective of their individual support and care needs. The care plans covered areas such as personal care, interests, eating and drinking, mobility, emotional well-being, elimination and communication needs. The care plans included information about personal preferences and were focused on how staff should support each individual to meet their needs. The care plans were person-centred and contained guidance for staff on getting the best out of each respite stay at the hospice. For example, one young adult's care plan stated they preferred to have an evening shower and to get up a bit earlier in the mornings. That way the person could spend most of the day to do the things they enjoyed. These care records were current and reflected children's and young adult' needs in detail. We saw daily records were maintained to monitor progress on each shift.

Care plans were reviewed at each respite stay to reflect changing needs. Where a child or young adult's needs had changed, the care plan had been updated to reflect these changes. Families were kept up to date with changes. Families commented; "Normally when we pick [child] up, we have a chance to speak to the person who was in charge of our [child] and they normally tell us how [child] was and what [child] did", "Changes to the care they [staff] always let us know even if we are not staying they will ring us" and "Yes, they phone us to discuss changes in [child's] condition and options about treatment. For example, whether to give antibiotics or not".

Doctors and nurses told us that people's decisions changed along with the progress of their illness. Therefore, each week during multidisciplinary team meetings children's and young people's conditions were discussed, as well as their response to the treatment they had received and further treatment options. The multidisciplinary meetings also enabled a range of health and social care professionals to review children's and young adults' needs and plan their care and treatment in an integrated way.

The hospice had a wide variety of activities which were age specific. In Helen house there was emphasis on children being creative in art work, crafts, electronic games and play therapy. In Douglas house, young adults were kept busy with music sessions, craft workshops and outings such as theatre. Emphasis was

more on independence and creation of relationships. Staff understood the importance of involving children and young adults in appropriate activities which were stimulating and helped children and young adults feel involved. On the day of the inspection, we saw a member of staff working with a young adult and making a pen holder. When this was completed the young adult came to show us and was proud of how beautiful it had turned out to be. One member of staff told us, "They love art therapy. There is a vast difference between when they come in and leave. Even those with limited skills enjoy this. We get enough resources to do the activities through fundraising and through donations".

The care plans clearly described the activities children and young adults enjoyed. For example, one care plan read that the young adult enjoyed anything connected with nature, trips to parks and bowling. The young adult confirmed these were their favourite activities and records showed the service had facilitated these activities.

The provider had a contact worker system. A contact worker is a staff member who acted as a link between a child or young adult, families and the hospice. This allowed staff to build relationships with children, young adults and their families and aimed at providing personalised care through consistency.

Staff and volunteers helped children and young adults maintain their social life and contacts with their families. There were facilities available that enabled family members to stay overnight at the hospice. Staff told us that children's and young adults' relationships with their loved ones were an integral part of the delivered care. The service facilitated annual siblings' camps. These were outdoor activity breaks to enable children to explore their feelings. There was also a sibling's team which offered support and counselling to siblings of children and young adults who were cared for at the service.

Staff were aware of the potential impact that children's and young adults' conditions posed to their mental health and well-being. Services were offered to children, young adults and staff to help reduce the risk of depression, anxiety and social isolation. These included access to the psychological support services, complementary therapies and community support groups.

The service provided a wide range of complementary therapies used to reduce discomfort resulting from pain. These included aromatherapy reflexology and physiotherapy. The service also facilitated people's access to psychological support. Each person had an advance care planning assessment and end-of-life care plan in place. Planning in advance ensured people received the care they wanted when they were nearing the end of life, and their families were given appropriate help and assistance.

Care and support was responsive to the diverse needs of people. Spiritual support was available to all children, young adults and their families. There was a quiet room in the hospice that people of all beliefs could access.

Feedback was sought from people through family questionnaires and six monthly satisfaction surveys. Records showed that some of the discussions were around what changes people wanted. Families also completed accommodation feedback following their stay at the service. Feedback was used to make changes within the service. For example, food and activity choices.

Young adults and families knew how to make a complaint and the provider had a complaints policy in place. This was given to families and clearly displayed on notice boards. One young adult told us, "If I had any concerns about the way I'm treated or the way my care plan was carried out I would indeed complain to management. At the moment I haven't got a complaint as everything in the house and in the care is second to none". Families told us, "If we have any concerns, I can contact them or email them. I've never

complained to Helen house as we are happy with how he is cared there" and "If I ever had any concerns I would report them to a shift manager and if nothing was done I would take it higher. I have never had to make a complaint at Helen house as staff have always been great and I hope I never have to".

We looked at the complaints records and saw all complaints had been dealt with in line with the provider's policy. Records showed complaints raised had been responded to sympathetically, followed up to ensure actions completed and any lessons learnt recorded. Families spoke about an open culture and felt that the hospice was responsive to any concerns raised. Since our last inspection there had been many compliments and positive feedback received about the staff and the care children and young adults had received.

Is the service well-led?

Our findings

At the last inspection in December 2016, we found the provider's quality assurance systems were not always effective at identifying risks and driving improvements. These concerns were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had sent us regular audits and action plans which set out what actions were being taken to bring the service up to standard. At this inspection in June 2017 we found improvements had been made and the service was now meeting the requirements of this regulation.

The provider had quality assurance systems to assess and monitor the quality of service provision. For example, quality audits included medicine safety, complaints and care plans. Quality assurance systems were operated effectively and used to drive improvement in the service. For example, one care plan audit identified shortfalls in risk assessments and risk management plans for seizures. This was immediately reviewed and findings shared across the board and recording in this area was improved.

Helen and Douglas house was led by a registered manager who was also the chief executive officer. They had support from a clinical director, a house manager from each house, a deputy manager and a board of trustees. The hospice had a clear management structure and staff were aware of their roles. This aided in the smooth running of the hospice.

The hospice promoted an honest, open and inclusive culture. During our visit, management and staff were keen to demonstrate their caring practices and relationships with people. They gave us unlimited access to all the documents and records we requested. Staff told us they felt the service was transparent, open and honest. One member of staff said, "I can discuss bad practice and manager will deal with it openly. We learn from that".

During our inspection we saw good leadership from the management team and doctors. There was effective communication amongst all staff and positive engagement. We observed a nurse's handover session on both houses which was comprehensive and detailed enough to allow continuity of care. Staff also utilised a communication book to aid verbal communication. Care team meetings were held monthly where staff could raise concerns around aspects of care and discuss any staff issues. Staff were encouraged to add items to the agenda and this allowed care standards to remain high through staff's influence on aspects of care.

Staff were complementary of the support they received from the management team and they told us the hospice was well run. Staff comments included; "Manager is good. She comes to the floor and interacts with us" and "Manager is very supportive. A good role model".

Families and young adults were highly complementary of the way the service was run. One young adult said, "This place is very well organised. I think it's good, I would not change anything here". Another young adult echoed, "I feel that all the aspects of the running of Helen and Douglas house is good and that the management team are very cooperative and helpful with anything I would bring up with them". Families

commented; "I believe Helen and Douglas house is managed well as I have never had any concerns at the house" and "It seems to be a well-run organisation in the different departments from Charity fund raising to the others services like they work with siblings and families".

Staff told us they felt supported in their roles without any exception. They also informed us that there were different arrangements in place to provide them with the support needed to do their work. Staff confirmed they could access clinical supervision to support them within their nursing role where they were able to reflect upon their practice. Debriefing meetings were also arranged following stressful events to allow staff time to reflect.

We talked to staff about coping with the stress and emotional strain associated with the hospice services. All staff told us they felt well-supported both by the management and their colleagues. They told us the support was provided by the approachable and available management team, through regular one-to-one meetings, and by the helpful, considerate and caring team of staff.

The hospice had strong links with the local community, which were maintained through fundraising and social events. Information for the public was available at the service, online and in newsletters. Helen and Douglas house was actively involved with regional and national forums relevant to palliative and end of life care for children and young adults. This was aimed to improve practice, structural delivery and funding of services to the people who used the service. The hospice built relationships with local groups to ensure high quality of care deliverance.

The service was proactive in providing education and undertaking research to identify and share best practice. The hospice had linked with Oxford University Hospitals NHS Foundations Trust to provide a more collaborative children's palliative care service. This meant children would receive palliative care sooner through a much simpler transfer channel. A student had also completed a piece of research on 'The Role of Expressive Art in a Hospice Environment'. This study was aimed at young adults living in Douglas house and it highlighted the need for staff to initiate activities such as expressive art and allow young adults to show their capabilities. One member of staff told us, "We work in co-operation with the Hospice UK. Historically, they have done some teaching here. We liaise with other hospices as well. For example, other hospices were consulted about care plans". The service was also involved with the regional children's palliative care network and local end of life reference group so as to work in collaboration to better serve the patient population

Practitioners at Helen and Douglas house were involved with the National Institute for Health and Care Excellence (NICE) guidance for infants, children and young adults' palliative and end of life care. This allowed the hospice to keep in touch with current best practice. This meant that children and young adults were at the forefront to receive high standard care based on best current practice.

The provider had a clear procedure for recording accidents and incidents. Accidents or incidents relating to children and young adults were documented, thoroughly investigated and actions were followed through to reduce the risk of further incidents occurring. The clinical team audited and analysed accidents and incidents to look for patterns and trends to make improvements for those who used the service. Staff knew how to report accidents and incidents.

Children and young adults benefited from staff who understood the whistleblowing procedure. The provider had a whistle blowing policy in place that was available to staff across the hospice. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything

inappropriate was happening. Staff were confident the management team and organisation would support them if they used the whistleblowing policy.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.