

Derian House Childrens Hospice

Derian House Children's Hospice

Inspection Report

Chancery Road
Astley Village
Chorley
PR7 1DH
Tel: 01257 233300
Website: www.derianhouse.co.uk

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Summary of findings

Overall summary

Derian House Children's Hospice provides palliative and end of life care for children and young people who have life limiting or life threatening conditions. The manager has been registered with the Care Quality Commission since September 2013. The hospice is set in its own ground and provides accommodation for nine children in the main house and four young people in the lodge. There are four self-contained flats which are used by families. There were two children and two young people using the service at the time of our visit. The hospice also provides a service for children and young adults in their own home. This is known as Derian at home. Bereavement support for parents and siblings is provided before, during and after end of life care.

We spoke with five parents. All told us they were happy with the service and they felt their child was safe and well cared for. We also spoke to a young person who used the service and they confirmed they enjoyed their stays in the lodge. Appropriate procedures and staff training were in place to ensure children and young people were protected from harm.

Staff had an understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards. (The Act protects the rights of people who are not able to make a decision for themselves). The registered manager explained she planned to carry out staff training and implement capacity assessments. This will ensure these issues are given more consideration as part of routine care practice.

Before children and young people used the service a full assessment was carried out of their needs. This ensured

they could be cared for appropriately in the hospice. Each child and young person had a care plan which was supported by a series of risk assessments. Whilst all care plans and risk assessments were up to date, we found the plans and assessments could be further developed by incorporating more information about children and young people's wishes and preferences.

During our visit we observed staff to be attentive and sensitive to the needs of children and young people staying in the hospice. Children and young people's dignity was maintained at all times. We found staff were motivated and worked well as a team. Staff had access to ongoing training and supervision. This meant they were well supported in their role. All staff spoken with told us they really enjoyed their work.

Children and young people received compassionate and supportive care when they were nearing the end of their life. Parents and appropriate professionals were involved in a plan of care, which was reviewed on a daily basis. This ensured staff were aware of their wishes and they could respond quickly to any changing need.

All parents and staff spoken with felt the hospice was well led and organised. The registered manager had a clear action plan and vision of how she wanted to improve the service. She had also developed ways of learning from any mistakes and was open about changes which were being made. This meant the registered manager had arrangements in place to develop and improve the hospice.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Five parents spoken with felt their family members were safe and secure using the hospice. One parent told us “I feel (named person) is 100% safe. The staff are fantastic and look after her in every way”.

We discussed safeguarding children and vulnerable adults with two members of staff. All had a clear understanding of the types and signs of abuse as well as the reporting procedures in place. According to the staff training records all staff had received annual training on these issues. This meant staff knew how to recognise and respond if they witnessed or suspected any abusive practice.

Staff had an understanding of the Mental Capacity Act and the Deprivation of Liberty Safeguards. Whilst staff consulted young people about their care and liaised very closely with families there was limited guidance on how to support a young person with impaired capacity to make a decision for themselves. The registered manager had an action plan in place to address these issues.

We found individual risks had been assessed and identified as part of the care planning process. Control measures had been put in place to manage any risks in a safe and consistent manner. However, the risk assessments could be further developed by incorporating more information about the children and young people’s wishes and preferences.

We saw there were suitable arrangements in place to manage medication safely. All records seen were complete and up to date.

Are services effective?

Parents, children and young people were encouraged and supported to express their views. This ensured the assessment and care plan documentation fully reflected their needs. One parent told us, “The staff are really good at getting to know and understanding individual quirks”.

The care plans were reviewed on each admission to the service. We looked at four care plans in detail and noted they covered all aspects of children and young people’s needs, including their healthcare needs. However, two care plans seen could be further developed by including more information about children and young people’s wishes and preferences. We noted staff were very knowledgeable about children and young people’s needs and they spent time building positive relationships with families.

Summary of findings

Staff had access to ongoing training in line with the needs of children and young people who used the service. In addition to mandatory training, staff completed specialist training and attended workshops. This ensured staff had the appropriate skills and knowledge to carry out their role effectively.

Are services caring?

Young people and parents spoken with expressed a high level of satisfaction with the service. They confirmed the staff were caring and sensitive to the needs and wishes of children and young people. One parent told us, "They are absolutely fantastic, they never fail to impress me".

On the day of our visit we observed positive relationships between the staff, children and young people. We saw staff treated children and young people in a kind and compassionate way and respected their rights to privacy and dignity. Children and young people were encouraged to build and maintain their independence skills. This is important in order to promote children and young people's well-being and self-esteem.

The registered manager and whole staff team supported children, young people and their families before, during and after death. Time was spent ensuring families were able to discuss their needs and wishes. An end of life care plan known as a terminal care pathway was drawn up based on discussion with families. This was reviewed on a daily basis in line with the needs of the child, young person and their family as well as inputs from the professional staff involved.

Following the death of a young person or child, all staff involved were invited to a significant event analysis. This enabled staff to reflect on their experiences and identify any improvements for future practice. This meant the service was continually reviewing practice to find ways to improve the care and support for children, young people and their families.

Are services responsive to people's needs?

Children and young people were supported to be actively involved in making decisions about their care. Children, young people and their families were involved in a review of their care plan on each admission to the hospice. This meant they were able to influence the delivery of their care. One parent told us, "They always listen to everything and take on board what we say".

A broad range of activities was arranged in accordance with the children and young people's ages and interests. We observed staff playing with children and young people on the day of our visit. Staff encouraged children and young people to think about what

Summary of findings

activities they would like to do, even if they felt they couldn't achieve them. The staff then researched the activities and how to overcome any barriers. This meant children and young people had participated in activities they had not thought possible. The hospice had a wide range of resources and equipment to facilitate activities. This meant all interests could be catered for.

Children, young people and parents were provided with emotional support before, during and after end of life care. We noted the service provided was flexible and responsive to children, young people and parents' needs. This meant children, young people and parents were fully supported during this time.

Are services well-led?

The registered manager was clear about how she wished to develop and improve service and had devised a detailed action plan. This meant there were ongoing changes to many systems and practices. The changes had been explained to the staff and where applicable to young people and families. This ensured people were involved in the changes and understood why they needed to be made.

Parents spoken with confirmed the service was well led and organised. One parent told us, "They all know what they are doing and they do it well". A young person also commented, "I would recommend it to other people. Everything is good about it. It's homely and welcoming".

The registered manager had developed a system for the recording, reporting and investigation of any errors, accidents and incidents. This included an analysis of the information in order to identify any trends or patterns. Learning had taken place from incidents and staff were able to describe new practices which had been implemented as a result of the learning.

Arrangements were in place to review staffing levels, roles and responsibilities. This meant children and young people received the appropriate level of support to meet their needs. All parents spoke with were complimentary about the staff team, one parent told us, "The staff liaise with each other and seem to know a lot about each child they support".

Summary of findings

What people who use the service and those that matter to them say

We spoke with five parents and one young person about the care and support provided by the hospice. All expressed a high level of satisfaction. The young person told us, "It's really good and I like it a lot. The people are friendly and they are there if I need anything". Similarly a parent said, "It is a marvellous service, I have nothing but admiration for them". Parents felt their children were safe in the hospice and well cared for. One parent commented, "I feel (named person) is 100% safe. The staff are fantastic and look after her in every way".

Children, young people were involved in the assessment and care planning process. One parent said, "We are listened to and involved. It makes you feel reassured". The parent added, "The hospice is brilliant. (Named child) loves it and comes home a different boy". This meant parents felt the service was effective and met their child's needs.

During our visit staff were observed to be caring towards the children and young people in their care. One member of staff told us, "I love everything about what we do and what we are about. All the staff really care about the

children". Staff maintained and respected children and young people's rights to privacy and dignity. One parent told us, "The staff support is very good and couldn't be better".

The parents spoken with confirmed the service was responsive to their family's and child's needs. One parent said, "Without Derian House I would be lost. They were very supportive when my son was in hospital. They were still involved even when he wasn't there. They rang up and checked his progress". Another parent commented, "It wasn't just my son they were good with. They were great with me as well, as I was so stressed".

All parents and staff spoken with told us the service was well led and managed. One parent told us "Everything is in place, I have no concerns whatsoever". Staff were positive about their roles. They acknowledged there had been a lot of changes to get used to, one member of staff said "We've gone through changes, but we are a good team and we care very much about the children". Another staff member told us, "We do the best we can for a child to make them happy all day".

Derian House 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 of the Health and Social Care Act 2008. It was also part of the first testing phase of the new inspection process CQC is introducing for adult social care services.

We made an unannounced visit to Derian House Children's Hospice on 6 May 2014. We spent time observing care as the children and young people staying in the hospice were unable to tell us about their experiences. We looked round all areas of the hospice, spent time looking at a sample of policies, procedures and records and speaking with the registered manager, head of strategy and development, the chief executive and nine members of staff. We also spoke with one parent visiting the hospice and four parents and one young person over the telephone.

The records looked at included four care plans and one end of life care plan; medication records; minutes from meetings, staff training records, incident records and quality audits.

The inspection team consisted of a lead inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the hospice to check if there were any risks. We found there were no identifiable risks with this service. We also contacted the Lancashire County Council procurement service and Healthwatch. The council confirmed they had no concerns about Derian House Children's Hospice.

At last inspection on 20 November 2013, the hospice was assessed as meeting all standards looked at.

Are services safe?

Our findings

Children and young people using the hospice on the day of our visit had complex needs and were not able to tell us about their experiences. We spent time with staff and the children and young people and observed staff were sensitive and understanding of the children and young people's needs. One member of staff told us "We do the best we can for a child to make them happy all day". We also spoke with a parent during the visit who said, "I feel (named person) is 100% safe. The staff are fantastic and look after her in every way". Another parent spoken with commented, "I feel safe and secure leaving my son as I wouldn't just leave my son with anyone. I feel very confident with them as they ask a lot of questions and have a lot of information about him".

Staff told us there were sufficient staff on duty and confirmed they had time to talk, listen and play with children and young people. We noted the children and young people were allocated one to one staffing during the day. This enabled staff to spend time with children and young people and closely monitor their welfare.

Two members of staff spoken with told us they had attended workshops on managing behaviour which challenged others and the service. Both staff were able to describe positive interventions and de-escalation techniques they had used to divert a young person's attention from negative behaviours. We noted there was detailed information in one young person's care plan to help staff recognise and manage any risks associated with their behaviour. This meant staff managed risks in a safe and consistent manner. We observed children and young people were relaxed and content on the day of our visit.

We discussed safeguarding procedures with two members of staff. (These procedures are designed to protect children and vulnerable adults from abuse and the risk of abuse). Both staff spoken with had an understanding of the types of abuse and were clear about what action they would take if they witnessed or suspected any abusive practice. According to the staff training records seen, all staff had received annual training on safeguarding children and vulnerable adults within the last year. The staff had access to appropriate internal policies and procedures which

included the relevant telephone contact numbers. This meant staff had the necessary knowledge to protect children and young people from harm. There were no open safeguarding investigations at the time of the inspection.

Three members of staff spoken with had an understanding of the Mental Capacity Act 2005 (MCA 2005) and the deprivation of liberty safeguards. All told us they consulted young people wherever possible and liaised very closely with their families to ensure care was delivered in the young person's best interests. Five parents spoken with confirmed they were fully involved in their family member's care. We also noted parents had signed care plans to indicate their participation and agreement.

A learning disability nurse had drafted a policy about the MCA 2005 which encompassed the five main principles of the act. This information had not been disseminated to the staff team and therefore there was limited guidance for staff. This is important to ensure all staff understand how to support a young person with impaired capacity to make a decision for themselves. The registered manager acknowledged this was an area for development and had drawn up an action plan which stated mental capacity assessments will be trialled and then rolled out from July 2014. The registered manager confirmed that no applications had been made to the local authority to deprive a young person of their liberty.

Individual risks had been assessed and recorded in children and young people's care plans. Control measures had also been drawn up to ensure staff managed any identified risks in a safe and consistent manner. All risk assessments were reviewed each time a child or young person used the service. However, the risk assessments seen could be further developed by incorporating more information for staff on children and young people's preferences and wishes.

The registered manager had developed a risk register for all generic risks, for example the use of the hydrotherapy pool. We looked at a sample of risk assessments and noted a rating had been assigned depending on the level of risk. Risk management strategies had been drawn up to manage any risks to children and young people's health and well-being. This meant risks had been identified and managed to keep children and young people safe.

Nurses managed and administered medication in the home. The nurses had access to a detailed set of policies

Are services safe?

and procedures, which were filed in the treatment room. According to the training records seen all nursing staff had received medication training and had undertaken two competency checks before they were able to handle medication. The competency tests were repeated on annual basis to ensure the nurses were adhering to the policies and procedures.

Medication was stored in a locked room in the hospice and in locked metal cabinets in individual bedrooms in the lodge. The storage arrangements in the lodge enabled young people to manage their own medication if this was appropriate. All medication was checked on arrival with a prescription record from the GP or consultant. This ensured medication was given in line with the prescriber's

instructions. We carried out a check of the medication against the records and found this corresponded accurately. We also checked the stock of controlled drugs kept in the hospice and found all records were correct and up to date.

The manager had implemented a medication error policy and following any errors nurses were asked to complete a reflective statement. Errors were analysed for any trends and strategies had been put in place to prevent a reoccurrence. The registered manager reported this had resulted in a reduction in the number of errors. This meant there was a system in place to learn from any errors and reduce the risk harm to children and young people.

Are services effective?

(for example, treatment is effective)

Our findings

Children, young people and their families were encouraged to express their views and these were taken into account in the assessment of their needs and the planning of the service. One parent told us “They have been wonderful and they have helped so much. I feel they know us well in such a short time”.

Three members of staff told us they spent time building relationships with children, young people and their families to understand different methods of communication. This was particularly important where the child or young person had difficulties with verbal communication. One member of staff told us they received training in different communication techniques including sign language and communication boards. This meant staff had the necessary knowledge to communicate effectively with children and young people.

Anyone could make a referral to the service. On receipt of a referral the deputy head of care contacted the family to obtain consent to discuss the referral with the doctors who knew their child or young person best. Following this a home visit was carried out to assess the needs of the child or young person and their family. Families were also sent a self-assessment form. Information was gathered from health and social care professional staff as well as from schools. This meant the assessment process was thorough and ensured the child or young person’s needs could be met safely and effectively in the hospice. We saw a completed assessment during the visit and noted it covered all aspects of children and young people’s needs. From the assessment information a care plan was drawn up and agreed with the parents and where possible with the young person.

We looked in detail at four care plans and other associated records. From this we could see the care plans were updated each time the child or young person visited the hospice. This meant the plans reflected the children and young people’s current needs. The plans included information about the child and young person’s routine over 24 hours and described a “good day” and “bad day”. One plan included a laminated booklet “This is about me” where details of likes and dislikes, communication had been recorded. However, two of the young people’s care plans could be further developed by incorporating more information about personal preferences and wishes. When

we spoke with staff and attended a staff handover meeting it was clear they were very knowledgeable about the young people’s preferences, but this knowledge was not fully reflected in the care plans. This is important to promote consistent person centred care.

Where children or young people required a wheelchair to assist their mobility the care plan was stowed in an unmarked bag at the back of the wheelchair. Other children’s and young people’s plans were stored in the office in the same type of bag or worn by the staff working with the child. This enabled the staff to have instant access to the plans and ensure the plans were readily available in the event of emergency.

Flats were available on site to enable parents and family members to stay with their child if they wished to. This helped to ensure the care plan was in line with their normal care regime. One parent spoken with told us, “At first we were bit hesitant due it being a hospice, but it’s actually like home from home. We stayed at first as it was a big step and we had never left him before. Now we are perfectly happy to”.

Children and young people receiving care and support in their own home also had a care plan, which covered all aspects of their needs. The manager explained staff worked across both the hospice and the Derian at home service. This meant the staff were familiar with the needs of all children and young people using the service. One parent spoken with told us “Derian at home come to visit four hours a week and do anything he needs during that time. They are very reassuring”. Staff linked with local children’s community nurses and doctors to ensure care and support was co-ordinated and planned.

Children and young people’s health care needs were discussed in detail on each admission and monitored closely during their visit. We saw there were care plans in place for seizures and gastrostomy (artificial external opening into the stomach for nutritional support) where required. Care plans were also in place for physiotherapy, moving and handling, medication, pain and sleep. This meant staff were aware of children and young people’s healthcare needs and knew how to recognise any early warning signs of a deterioration in health. Children or young people receiving end of life care had access to specialist advice, including symptom and pain control at all times during the day and night. The registered manager

Are services effective?

(for example, treatment is effective)

explained care was supported by an appropriately qualified palliative care medical consultant. This ensured the child or young person's care was overseen by a suitably qualified and experienced doctor.

One parent told us the staff were "very well trained" and knew "exactly what they are doing". All staff spoken with confirmed they had good opportunities for ongoing training which was relevant and beneficial for their role.

We spent time with the clinical educator and looked at the staff training records. The clinical educator explained all staff completed mandatory training once a year. The mandatory training included record keeping, moving and handling, health and safety, infection control and fire safety. There were systems in place to ensure all staff completed their training in a timely manner. Additional training was provided depending on the staff member's role. For instance the clinical support staff were undertaking training to improve the level of their skills. This

enabled them to carry out some specialist tasks and help them have a better understanding of their job. All staff were invited to attend weekly workshops which covered a wide range of topics including grief and loss, the management of behaviour that challenged and the use of equipment. The workshops were proactive and provided time for training in response to specific needs.

All new staff completed a six month programme of induction training, which included mandatory training courses to cover all aspects of health and safety and the completion of a work booklet. New employees were allocated an experienced mentor. The mentor helped to guide them through the induction programme and allow them to develop their level of competence,. This meant new staff were familiar with the operation of the service and clear expectations were established to help employee performance.

Are services caring?

Our findings

We spoke with five parents and one young person who used the service. All expressed a high level of satisfaction with the service and confirmed the staff were caring and compassionate. The young person told us, "It's really good and I like it a lot, the people are friendly and they are there if I need anything". A parent told us, "I think the staff are picked from heaven. They do everything magically and I have nothing but praise".

Staff spoken with were very motivated and told us they greatly enjoyed their work. One staff member said, "I love the warm atmosphere and the children who visit" and another staff member commented, "I love everything about what we do and what we are about. All the staff really care about the children". All staff spoken with confirmed they would be happy for their relative to use the service. One staff member said, "Absolutely, definitely. I would have no hesitation". Another member of staff stated, "I am very confident in the care provided here, everything is done in a very family loving way".

On the day of our visit, staff were observed to be attentive and caring towards the children and young people in their care. For instance we noted children and young people were engaged in a variety of activities according to their needs and interests. The staffing levels enabled children and young people to have one to one care during the day. This meant staff were able to spend time with children and young people to ensure all their needs were met.

Staff were aware of the importance of maintaining children and young people's privacy and dignity. Staff described examples of how they ensured children and young people's dignity when carrying out personal care. During the visit we observed one member of staff who was sitting just outside the open bedroom door of a young child. The staff member explained the child had got tired of playing and they were having a little time relaxing on the bed on their own. This demonstrated the staff member was sensitive to the child's needs and wishes and ensured they had been afforded some privacy.

Staff spoken with in the lodge explained young people were supported to be as independent as possible. The staff

had identified the cutlery was a little heavy for some people and they were therefore intending to purchase a lighter set. This would enable some young people to maintain their independence at mealtimes.

The booking arrangements for the lodge took account of young people's friendships and the importance of developing strong social links. This meant young people could book days to spend time with friends they had previously met at the hospice. One parent told us, "(Named person) loves going and he would rather be there than at home".

The registered manager and the whole staff team provided support and care before, during and after death. There was a strong recognition of how this was a very difficult time for families. Children, young people and their families receiving this care were supported to discuss their needs and wishes. From these discussions a care plan was drawn up and reviewed on a daily basis. The care plan included the management of symptoms and the relief of pain. We looked at an end of life care plan known as a terminal care pathway and noted the plan was evaluated frequently with the family and all professional staff involved. This meant the needs and wishes of the family had been fully considered and met.

The care of a child or young person after death was seen as an integral part of end of life care. The sunflower suite in the hospice included a cool bedroom which allowed children and young people to remain in the hospice or to be moved from home after death. This enabled family members to leave their child or young person in a safe and familiar environment with access to spend time with them.

Bereavement support was available for the whole family and this was organised on a flexible basis depending on the needs and wishes of the family. The hospice had a multi denominational room which was a place to sit in peace and tranquillity.

Staff received specialist training on end of life care and were provided with counselling support. Following each death a significant event analysis was held and all those involved in the caring for the child or young person were invited to attend. This took the form of a structured debrief which allowed the staff to reflect on their experiences and identify any improvements for future practice.

The registered manager was an active member of the steering group for the North West Palliative Care Group.

Are services caring?

She described the new initiatives she hoped to introduce in line with current good practice and research. This included

the advance care plan, which could be used by all professional staff. This would mean the family would only have to state their wishes once rather than having to repeat the information for different professionals involved.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Children and young people were supported to express their views and wishes. This meant they were actively involved in making decisions about their care. We observed staff enquiring about children and young people's comfort and welfare throughout the visit and responding promptly if they required any assistance. Parents told us staff responded to children and young people's needs. One parent told us, "They're wonderful. They liaise and plan every time making a list in the file of all the things he can and can't eat. On his birthday they even made a special cake as he can't usually eat cake".

Young people were encouraged to give their views on the service and wherever possible staff took action in line with their suggestions. For instance, a group of young people asked staff not to wear their uniforms when they went out together. A member of staff explained the registered manager and the staff team "understood completely". As a result staff now wore their own clothes on social outings out of the hospice. This demonstrated that staff had actively sought, listened to and acted on the young people's views.

Children, young people and their families were involved in the review of their care plan on each admission to the service. We saw documentary evidence of the care plan reviews during our visit. This meant they had direct input into the delivery of their care. Staff had an awareness of the Mental Capacity Act 2005 and worked closely with family members where young people had impaired capacity to make their own decisions. This meant any decisions were made in their best interests.

Children, young people and their families were advised about advocacy services as appropriate. (These services are independent from the provider and make sure that people's rights are respected and their views and wishes are heard at all times). The registered manager explained that one person had been referred to these services for support. This made sure the person received appropriate support to make their own informed choices.

Staff stayed in contact with children, young people and families in between visits. This meant they were aware of any changing needs and could respond if there were any urgent circumstances. We saw staff had recorded details of the contact in the child or young person's file. One parent

told us, "Without Derian House I would be lost. They were very supportive when my son was in hospital. They were still involved even when he wasn't there. They rang up and checked his progress".

A programme of activities was arranged in accordance with children and young person's age, needs and preferences. We observed staff playing with the children and socialising with young people in their care on the day of inspection. We also noted there were many photographs on the wall of children and young people engaged in activities. A youth worker explained the staff tried to encourage children and young people to think of things they would like to do, even if they thought they couldn't do them. The youth worker then researched the activity to find ways round any barriers. This approach meant children and young people had tried a lot of activities they believed would not be possible.

The hospice had numerous resources and equipment to help with activities including a messy room, sensory room, soft play room, musical instruments and computers as well as a full range of toys. This meant all tastes and preferences could be catered for. The hospice employed three specialist play workers, who organised playful and therapeutic activities. One parent told us, "Derian House is seen as Derian hotel by my family, they see it as a holiday and Derian is seen as an extended family who we are comfortable with. They listen and give us confidence".

All staff spoken with confirmed they had sufficient time to provide individualised care for the children and young people. We noted the staffing arrangements were flexible in order to accommodate children and young people's needs.

Children, young people and their families received emotional and bereavement support before, during and after end of life. The hospice staff provided flexible support over months and years depending on the needs of the families. The type of support provided included telephone contact and drop in sessions for those wishing to return to Derian House and group work for parents and siblings. The latter provided parents and siblings the opportunity to explore their experiences of grief and loss. Specialist volunteers were available to play with siblings on site if their parents were occupied. The chef also told us they tried to take some pressure of parents experiencing end of

Are services responsive to people's needs?

(for example, to feedback?)

life care for their child by providing other children in the family with meals. This meant children young people and families were fully supported and the service was responsive to their needs and wishes.

Are services well-led?

Our findings

The manager of Derian House has been registered with the commission since September 2013.

During the inspection we spoke with five parents, all of whom confirmed the service was well led and organised. One parent told us, "Everything is in place, I have no concerns whatsoever". However, two parents had mixed views about the organisation of the admission process. One parent said "We feel it (the booking process) is good. They know all about my son and I am very happy due to the level of consistency". In contrast another parent told us, "Booking in has become quite problematic, mainly due to medication procedural issues. This is a lengthy process which eats into the respite time". We noted these concerns had also been raised at the Parents forum earlier in the year. The registered manager reported that she had sent a letter to all parents explaining why changes had been made to the admission process. This ensured parents understood the reasons behind any delays. A parent told us they had discussed this issue and said, "They do listen and try to resolve things such as this". This demonstrated there was an open culture and the registered manager had responded to concerns raised by parents.

Members of staff spoken with told us they were encouraged to question practice and any new ideas were welcomed. There were clear communications systems in place for the whole staff team, which included regular supervision and meetings. Every Tuesday the staff team had meeting. This gave them the opportunity to share best practice and discuss any improvements to the service. We noted there was also a "communication corner" in the office where staff could catch up on any meetings or important information. All staff told us they were involved in the meetings and they felt listened to and supported by the registered manager. This meant staff felt confident and empowered in their role. One member staff told us "We've gone through changes, but we are a good team and we care very much about the children".

All incidents, errors and accidents were recorded and reported to the registered manager. The registered manager showed us documentation to demonstrate all such events were investigated and analysed for any trends or patterns. Following this a risk analysis and action plan was drawn up to minimise any reoccurrences. Incidents and adverse events were a standard item for discussion at

the management meeting and the quarterly clinical governance meeting. Staff were able to give examples of learning from incidents. For instance a member of staff showed us a form to record hourly checks on equipment. This had been introduced when a piece of equipment had not worked as expected. The staff member felt this was an improvement and welcomed the new checks. This meant there were systems in place to learn from any adverse events or incidents.

A new complaints policy had been introduced in March 2014, which included clear standard operating procedures. These provided a detailed explanation of how the policy was to be implemented in order to achieve consistency. All complaints received had been investigated and the outcome recorded. The registered manager stated where possible a meeting was arranged with the complainant. Staff were updated of the outcome of complaints during team meetings. Parents and a young person spoken with told us they knew who to speak to if they had any concerns. The young person said, "I know most of the staff and would be happy to approach them if I had any problems".

Parents and staff spoken with told us there were a sufficient number of staff to meet the children and young people's needs. Children and young people were provided with one to one care in the day and two to one care during the night. All staff rotated between days and night and worked across the whole service. This meant staff had a holistic view of children and young people's needs. The registered manager had systems in place to review the staffing levels according to the needs of children and young people using the service. This meant children and young people were provided with an appropriate level of support. Following a recent review of staffing and a job evaluation exercise a new team leader post had been identified. These post holders once recruited will take on some management responsibilities and provide the staff with an opportunity for career progression.

Parents spoken with were very complimentary about the staff team. One parent told us, "Staff support is very good and couldn't be better. It's a good team and they all get on without any divisions". Another parent commented, "The staff liaise with each other and seem to know a lot about each child they support".

The registered manager had a clear vision and action plan for how she wished to develop all aspects of the service. We discussed the plan during the inspection and we were later

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sent a copy. The registered manager worked very closely with the Head of Strategy and Development and they were able to describe their key challenges and the progress made on the action plan. The registered manager stressed the importance of managing change well and being open with the staff, parents and young people. She also told us she was well supported by the Chief Executive and the Board of Trustees. This meant they had the resources and support available to drive improvement.

The staff told us the registered manager was visible in the hospice and that she was “approachable and supportive”.

The registered manager worked alongside staff wherever possible and had recently worked with the Derian at Home team. This meant she had an understanding of the pressures on staff and the responsibilities of their role. Whilst staff acknowledged there had been a lot changes they told us these had been for the better and they were optimistic about the future. One member of staff told us, “The changes have been difficult at times, but everything has always been explained and we are moving forward together”.