St Barnabas Hospices (Sussex) Limited

Chestnut Tree House

Inspection report

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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**	🟢

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was unannounced.

Chestnut Tree House is a hospice which provides residential and nursing care for up to ten children and young people who have a life threatening condition including care for those at the end of their life. Respite care and day time activities are also provided at the hospice and care and support is also provided to children and their families in their own homes. A range of other services are provided by Chestnut Tree House including specialist support to family members of children. Community support to children and their families includes access to an out of hours ‘on-call’ service and

Summary of findings

sessions with trained family counsellors. The service is provided to children from birth, including new-born babies and to those in early adulthood. At the time of the inspection there were a total of 275 children and young people who received a service from the hospice, eight of whom resided in the hospice. This included children and young people with a physical or learning disability.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Staff working in the hospice understood the needs of the children and young people. We saw care was provided with kindness and compassion. Children, young people and their families told us the standard of care was good. We saw examples of creative care and where children and young people were able to express themselves. Staffing was provided at levels where children and young people were safe.

Staff were well trained, motivated and skilled to provide care to children, young people and their families. There was a comprehensive training programme for staff. Training was provided to staff in the Mental Capacity Act 2005 and there were policies and procedures for this. The registered manager and staff, however, were not clear about arrangements for gaining consent for providing care to children and young people, or of the requirements of the Act, such as the use of the Deprivation of Liberty Safeguards (DoLS) for those over the age of 18 years.

Medicines were safely handled and administered.

Children and young people's needs were assessed and each person had a care plan of how care was to be provided. Children and young people and their families said they were consulted about their care. The quality of care was regularly reviewed and families of children and young people were asked to give their views on the service they and their children received so any improvements could be made. Two of the staff were 'dignity champions' with the specific role of promoting a good standard of care for children, young people and their families.

There were systems to review any accidents or incidents so that any improvements could be made to prevent any reoccurrence.

There was good management oversight of the hospice with a registered manager and team leaders to guide and support staff. Nursing practices were monitored by a system of clinical governance.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe. The registered manager and staff were not fully aware of the use of the Mental Capacity Act 2005 for those over 16 years of age and for the use of the Deprivation of Liberty Safeguards (DoLS) for those over the age of 18 years.

Staff were aware of how to keep children and young people safe and the procedures for reporting any concerns. Risks to children and young people were effectively managed so they were able to safely take part in activities.

Staff managed people's medicines safely.

Is the service effective?

Good ●

The service was effective. We saw children and young people and their families were involved in their care and were asked about their preferences and choices. People received care from staff who were trained to meet their individual needs.

Children and young people were able to choose the food they ate and were supported to have a nutritious diet. We saw people enjoyed meal times.

The hospice was purpose built and well equipped so children and young people were able to attend activities and receive the care they needed.

Is the service caring?

Good ●

The service was caring. Staff were kind and compassionate and treated children, young people and their families with dignity and respect.

Children and young people told us they were able to choose what they wanted to do and that they enjoyed the range of activities. Children and young people were able to retain their community links, such as schooling, when they stayed at the hospice.

Families of the children and young people told us the hospice allowed families to have privacy in the specific quiet areas. There were areas where families could grieve and reflect, such as the remembrance garden.

Is the service responsive?

Good ●

The service was responsive. Families of children and young people told us changing care needs were taken account of and that they and their children had opportunities to express their views about their care.

There was a responsive service to children and young people and their families in their own homes which families said was arranged to meet both the families and their child's needs. This included an out of hours 'on call' service. Support was also provided by the hospice staff to family members including the provision of overnight stays.

Summary of findings

Children and family members' views were listened to and any complaints responded to in a timely way.

Is the service well-led? **Good** ●

The service was well-led. A positive culture was promoted which was centred on children and young people's needs as well as their families' needs.

Staff said they felt supported and had access to management support. There were a number of staff meetings and forums where staff could raise concerns or discuss practice issues and staff showed a commitment to raising any issues they had about the service.

Accidents and incidents were reviewed and action taken so that care was safe and effective.

The registered manager, staff and management of the service had systems to evaluate its performance and for making continuous improvements.

Chestnut Tree House

Detailed findings

Background to this inspection

We visited the hospice on 20 August 2014. We looked at care records for four children and young people who use the service. We also looked at records relating to the management and running of the service, which included records of complaints, governance meetings, audit checks, and analysis reports of surveys of children and young people, and their families.

We spoke with seven staff about their work and looked at staff training and supervision records as well as staff duty rosters. We also spoke to the registered manager, a member of the administrative team, the chef, a Trustee and the Chief Executive officer for the provider.

The inspection team consisted of an Inspector, who was accompanied by a specialist advisor, a pharmacy 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.

The service met all of the regulations we inspected against at our last inspection on 12 September 2013.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make.

During the visit, we spoke with three children and young persons living at the hospice and two parents. We also observed staff working with children and young people and their families. We observed a staff meeting where children and young people's needs were discussed. Following the inspection we spoke to 15 parents of children and young people who received a service from Chestnut Tree House. We spoke with two social workers from children's disabilities services from different local authorities who have worked with the hospice regarding children's welfare and safeguarding. We also spoke with a consultant paediatrician and a local authority social services' commissioner who monitored the service they purchased on behalf of children and young people.

Is the service safe?

Our findings

Children and young people, and their families, who used the service, said they felt safe when they received care and support from the hospice staff. One child told us, "I always feel safe here," adding that they would tell their care worker if anyone was unkind to them. Parents of children and young people who used the service considered the hospice a safe place. One parent said, "The hospice is very careful about safety. If they are not sure, they check with us. It is much safer than my own home."

Parents of children and young people said they were consulted and agreed to the care and support provided to their children. We saw this was recorded in a consent form and included agreement from parents to their child undertaking specific activities. Staff told us they had received training in the Mental Capacity Act 2005 which was also confirmed by training records. There were policies and procedures for this, but the registered manager and a staff member did not know how this would be used to assess those young people over the age of 16 years who were not able to agree to their care and treatment. The service had accommodated young people over the age of 18 years in the past. The registered manager and staff were not fully aware of the procedures to follow when young people over the age of 18 years did not have capacity and could not exercise their right to leave the home for reasons of safety. This would require an application to the local authority for an authorisation under the Deprivation of Liberty Safeguards (DoLS) to restrict the person's liberty. The lack of knowledge of the registered manager and staff about its own procedures regarding the use of the Mental Capacity Act 2005 indicates this is an area of practice that needs to be developed. We recommend the registered manager and staff develop their understanding and practical use of the Mental Capacity Act 2005 including the use of the Deprivation of Liberty Safeguards.

The registered manager and staff had a good knowledge of protecting children and young people from abuse and there were procedures for reporting any concerns regarding the safety and protection of children and young people. Staff told us they had received training in this and training records confirmed staff were trained in both child protection and adult safeguarding procedures. There were separate staff who took a lead responsibility for the safeguarding of children and the safeguarding of adults.

The registered manager was able to give us details of any referrals made to the children's safeguarding team. Local authority safeguarding children's service told us how the registered manager and staff made appropriate referrals regarding children and young people's welfare. They told us the staff and management of the hospice were skilled in identifying children's safeguarding concerns. The registered manager and staff at the hospice cooperated with any investigations and took an active role if gathering relevant information as well as attending and contributing to any reviews and case conferences.

Risks to children and young people's safety were appropriately assessed, managed and reviewed. We looked at care records for four children and young people which showed personal safety was assessed alongside care plans so the child was kept safe. These included comprehensive guidelines for staff to safely transfer children by the use of lifting aids such as hoists as well as the use of other equipment. Moving and handling needs were assessed by a registered nurse trained in moving and handling or by an occupational therapist. Staff were aware of individual's care plans for keeping children and young people safe. Two staff told us they had access to a 'Risk Manager' who took a lead on health and safety and who they could ask for advice about the safety of children and young people.

Children and young people took part in a range of activities both within the hospice and in the community. Risk assessments and guidelines for staff were recorded so children and young people were safe when taking part in activities. One the day of the inspection a group of children were out on a boating trip. Staff had taken individual's care plans with them so they had access to information about the care of the children. Specific risk assessments were carried out so children and young people were able to safely take part in activities such as using the hospice's hydrotherapy pool and trips out. Staff were trained and assessed as competent to safely support children in the hydrotherapy pool.

There were sufficient numbers of staff to meet children and young people's needs and for providing families with support. On the day of the inspection there were nine staff on duty in the hospice, which included between three and four registered nurses. Night time staff consisted of four staff which included two registered nurses. The registered manager told us how staff were assigned to work with individuals for the day. We saw how children and young

Is the service safe?

people had support from a designated staff member. The registered manager and staff told us how staffing levels were flexible and were adjusted to meet the changing needs of children and young people. Staff considered the staffing levels were good and allowed them the time to provide children and young people with a safe and effective service. For example, one staff member told us, “We are always with the child on a one to one basis. The children are always supervised.” Another staff member said the staffing levels gave them the opportunity to provide “proper care on a one to one basis.”

Arrangements were made for staff to provide care to children, young people and their families in their home from the staff. Relatives of children and young people told us they received a reliable service from the community staff team and had access to an ‘out of hours’ service for advice and support.

The registered manager made appropriate checks on the suitability of new staff to work with children and young people. We looked at the recruitment of three recently appointed staff and saw the registered manager had obtained Disclosure and Barring Service (DBS) checks on each person. These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Written references were obtained for each person, including a reference from the person’s most recent previous employer. This allowed the registered manager to check on applicant’s performance in their last job. We also saw records that each person was interviewed to check their suitability for the post which staff confirmed. Checks were also made to confirm nurses were registered with the Nursing Midwifery Council (NMC).

Medicines were stored safely and there was a system for ordering, receipt and disposal of medicines in place. The service was visited weekly by a clinical pharmacist, who provided advice on prescribing and medicines management. There was a system in place for checking expiry dates of medicines. Controlled drugs were ordered, received, stored, checked and disposed of in accordance with the required legislation. Medicines were stored at the correct temperature and therefore were suitable for use.

Medicines were prescribed by the in-house medical team. Our medicines management inspector looked at the medicine records for the eight children who were being cared for at the service, all had been completed as expected. Staff recorded the actual time medicines were given. This meant staff could check that the correct time intervals had elapsed before another dose could be administered.

There was a day care centre and community nursing service on site. The medicines management arrangements for these services were in line with pharmaceutical guidelines.

Staff told us that they received training in medicines management and also specialist equipment such as syringe drivers. Their competency for administering medicines was assessed at regular intervals.

Good ●

Is the service effective?

Our findings

Children, young people, and their relatives, told us staff were skilled in providing effective care. Staff were described by parents as being skilled and knowledgeable and followed care plans about meeting children and young people's needs. A relative told us they had "absolute confidence in the abilities of staff." Health and social care professionals described the staff as having a good skill base and described a culture where staff felt able to say they needed to develop their skills without being criticised and that training was then provided. A relative also described how they worked with staff to develop communication skills such as the use a recognised sign language so staff were able to communicate with their child.

Staff were trained to provide effective care to children, young people and their families. The staff team included individuals who took a lead in training, such as in safeguarding procedures. Staff said training was of a good standard and they knew which members of the management team they could go to for support and advice. A minimum of five training days a year were provided to each staff member and staff could suggest training courses. A play therapist said how she was able source training courses which the hospice then funded for her to attend. Staff told us how they were committed to improving and developing their skills.

Records were maintained of staff training which was considered as a minimum skill base for staff.

These included courses such as in bereavement, health and safety, moving and handling, intravenous care and nutrition. Newly appointed staff received an induction to prepare them for their work and this was recorded.

Staff said they were supported in their work and had regular supervision sessions as well as an annual appraisal of their work. There were various meetings where staff could discuss the needs of children, young people and their families or issues about the running of the hospice. These included staff 'handover' meetings where information was communicated from one staff group to the next team coming on duty. We observed one of these meetings where staff demonstrated they knew the needs of the children and young people in the hospice. Staff were motivated and committed to providing a good standard of care. For example, one staff member said, "I love coming to work. It's a privilege to work with the children and their families." Counselling was available to staff to help them with feelings of loss and bereavement if needed.

Children and young people's nutritional needs were assessed and care plans were recorded regarding food and fluids. Where needed the advice of the speech and language therapy service was sought so staff had guidance on supporting children and young people with foods and fluid. The chef described how menu plans were devised so children and young people received a healthy diet and that meals were enjoyable. Staff and children were observed eating a midday meal together which was relaxed and convivial. Specialist diets were provided and there was a choice of food.

Children and young people had good access to health care services with medical support available from specialist services. Records showed children and young people were referred where appropriate to GP services as well as to specialist paediatric services. A consultant paediatrician told us how they and GPs attended a monthly clinical committee at the hospice to discuss referrals of children and young people to the hospice and to carry out care reviews. The consultant described the hospice staff team as "experts in end of life care," adding that the staff team worked well with community nursing staff. A relative said the staff provided a good standard of health care to their child and maintained "excellent records" which were shared with them. Parents also told us they were involved in regular reviews of their child's health care and that care plans were updated each time their child stayed at the hospice. One child said they were supported well by the staff to manage any pain they had.

The hospice provided support to parents and siblings of children and young people. This included support by trained family counsellors and activities for siblings with the play therapist. Families told us this support was invaluable to them. Three parents told us their children who were siblings of their child who stayed at the hospice "loved" to visit the hospice and enjoyed joining in with the activities. Parents said this helped them and their family in dealing with the effects of having a child who had a life threatening illness.

The hospice is purpose built to meet the needs of the children, young people and their families. Family members described the home's facilities as "excellent." The registered

Good ●

Is the service effective?

manager and staff said the hospice was well resourced and had all the equipment needed to provide effective care. Facilities included a hydrotherapy pool, which children and their families said they enjoyed using. There were also activities rooms such as a music room and sensory room, as well as areas for families to meet. Families had their own space including accommodation and kitchen areas so they could be with their children overnight. The décor was appropriate as well as stimulating for children and young people. Children and young people were observed using the home's facilities including a newly created garden area which was professionally designed to provide interest and interaction to children. The hospice was lively with children and staff engaged in various activities.

The building was designed so the needs of those with physical disabilities could be met. Corridors and doors were wide enough for wheelchair access and bedrooms were fitted with track hoists and specialist beds so staff could transfer children effectively and safely.

Good ●

Is the service caring?

Our findings

Positive caring relationships were developed with children, young people and their families. Parents told us the hospice provided support to all their family members. One child said, “Staff X cares for me. She is my favourite. We do things together. My mum comes too. Everyone is kind. They all listen to me and help me play.” One parent told us the support provided to family members and their child gave them respite from caring duties. Reference was made to the support to siblings as helping the whole family. A relative said, “It’s home from home. Without the support we don’t know what we would have done.” Another relative said the service provided by the play therapist to a sibling of a child who stayed at the hospice as, “brilliant” and helped the whole family to spend time there. Parents said the approach of the staff and management had a positive effect on them and their child’s, mood and morale. A child told us how the staff made them feel “happy” and a parent said, “The service is reassuring. I have great confidence in the way they look after my child and keep him safe and happy.” Another parent said, “They (staff) make me feel so good. I can’t speak more highly of the staff who treat us with dignity, respect our privacy, and, show they genuinely care.” Feedback from a survey questionnaire sent by the hospice to the parents showed 80% of them felt their child received individual care and attention ‘all of the time’ and 18% ‘some of the time.’

Each parent or child said they were treated well by the staff who they described as friendly and compassionate. Staff were observed to be friendly and warm towards children and young people. This included engaging children and young people in board games and activities with a designated staff member. Parents said how their children enjoyed their time at the hospice. Staff showed they had a caring attitude toward children and young people and their families. Staff said they had the time to give children and their families’ attention. One staff member said, “Being able to say yes to the children and having the space and time for them is so different from working in a hospital ward.”

Children, young people, and their families said they were fully consulted about all aspects of the care and support provided. This included a choice of activities for children and young people. Parents told us they were involved in discussions and decisions about their child’s care and that they had access to their child’s care plan. Parents said they were given information about the hospice so they knew what services were available to them and their family.

Children and young people’s spiritual needs were addressed in care plans. Relatives told us they had access to a chaplaincy service and the registered manager confirmed the hospice facilitated religious support based on personal preferences. Two of the staff had a role of ‘dignity champions,’ which the registered manager said was to promote children and young people being treated well. Some of the staff we spoke to were not aware of the role of the dignity champion indicating the role and profile of the dignity champions needed to be developed within the hospice.

A consultant paediatrician described the staff as skilled in providing end of life care and worked with other medical services to provide palliative care at the hospice or in children and young person’s own homes. Staff were trained in palliative care and there were designated staff to support families at the end of their child’s life. There was an end of life care plan within children and young people’s records which included details of how children and young people are supported. At the time of the inspection there were no children or young people in receipt of end of life care.

There were areas of the hospice where families could have private ‘quiet’ time for reflection and loss. This included a remembrance garden. Parents told us the staff dealt with the death of a child or young person in a sensitive and discreet manner. The hospice had a ‘bereavement suite’ where children could lay at rest and their families have privacy for grieving. A parent commented how families’ privacy and dignity was respected when a child died.

Families told us how they were able to visit and stay at the hospice to be near their child. This included siblings of those who were receiving care. The hospice had facilities where families could stay overnight in a private accommodation suite.

Good ●

Is the service responsive?

Our findings

During our visit we observed staff communicated and interacted well with children and young people. Staff responded to requests made by children and had a rapport with them so the children felt comfortable raising any requests.

There was system of assessing children's needs before they were provided with a service either as a resident at the hospice or at their own home. Parents of children told us how they were visited by a member of staff from the hospice at the time their child was referred. The parents told us the assessment was thorough and took account of their child's and their family's needs. Where children received respite care at the hospice parents told us how each time this was arranged their child's needs were reviewed and the care plan updated. One parent said, "Yes we were consulted as much as you can be. Each time X stays at the hospice we have an appointment with a member of staff who goes through the care and medication to see if there have been changes."

Decisions about whether or not to provide a service, and what type of service were made at a clinical committee attended by the registered manager and staff of the hospice as well as a GP and a consultant paediatrician. Parents told us how they were allocated a certain number of nights per year when their child could stay at the hospice. This could be changed if the family or children's needs changed. Parents told us how the care of their child and their family was flexible to respond to their changing needs. One parent gave examples of how the hospice had supported them at short notice by providing respite care to their child so the parents could deal with other issue necessitating a journey to another part of the country. Parents and children confirmed they were asked about what type of care was needed. This included asking children and young people what activities they would like to do.

Care plans included details about communicating with individual children and young people so that staff were able to respond to their needs and wishes. These included details about how staff should interact with children so they were able to ascertain what the child wanted. A relative said how they were involved in developing staff skills in the use of Makaton to communicate with children.

Care plans were comprehensive and gave staff guidance so people received care when they needed it. These included moving and handling of children, the management of skin care, sleeping, managing nausea, vomiting and personal care. There were also care plans for activities called a Play Care plan and for using the hydrotherapy pool. A daily evaluation was completed by staff so that information could be passed to other staff to respond to any changes or developments in care needs.

Those families who received care and support in their family home said the service they received was reliable and flexible in response to changing care needs. A 24 hour 'on call' service was provided which included access to a registered nurse with support from a medical team. A consultant paediatrician confirmed the hospice provided support to children and their families at weekends and night times and that they worked well with other community healthcare professionals so children's care needs were met.

Services were available to the whole family to alleviate stress. Family members could access counselling support on an individual or family basis. Siblings attended activities at the hospice and in the community. Parents told us how their whole family used the services of the hospice and how useful this was in helping all family members as it encouraged all family members to go to the hospice. A wide range of activities were provided for children and their families. On the day of the inspection a group of children were attending a boating trip in the Solent. Children were seen using the home's facilities such as the music room and woodland walk garden area.

The registered manager had identified in the Provider Information Return (PIR) that children and young people may become isolated when they were at their family home. In response, action had been taken to develop access to activities for these children. For example, a number of the children who attended the boating trip lived at their family home. Services were arranged so children could maintain community links including school. One health care professional commented that the service could be improved as some children were not properly prepared for attending school.

Parents of children said they were able to raise any concerns about the service and were aware of the complaints procedure. One parent told us how they raised an issue which was resolved to their satisfaction. There was

Good ●

Is the service responsive?

system for recording and dealing with complaints. This included a ‘tracking’ form so the registered manager could monitor the progress of how complaints were dealt with. We saw there was a record of how complaints were dealt with, which included the outcome of any investigation. A written response was made to the complaint about the outcome of the complaint investigation. The provider informed us there had been two complaints in the last 12 months and that both of these were resolved within 28 days.

Good ●

Is the service well-led?

Our findings

Children and young people and their families told us they were asked to give their views on the service and that the management of the hospice encouraged this. Relatives said they were able to attend regular 'Relatives' Meetings' to discuss issues with other relatives about the service provided by the hospice.

The attitude of staff reflected a culture where the needs of children, young people and their families were of central importance to their work. Staff told us how much they valued the work they did with children and young people and how they saw parents as partners in providing effective care. Staff were aware of their responsibilities to report any concerns they had by using the whistleblowing or safeguarding procedures.

The staff were motivated and said they were supported in their work by the registered manager and their line manager. A staff member told us, "The manager is absolutely marvellous and is in touch with what's going on as well as checking what is happening." There were effective communication channels for staff to either give their views on the service being provided and for receiving information about the hospice's policies. Staff said they felt able to raise any concerns they had and that their manager was available for advice and support. The registered manager sought the views of staff via a survey questionnaire to check if staff considered any changes or improvements were needed. A health care professional said how staff were supported and that there was an ethos whereby staff felt able to say if they needed additional training or support without this being viewed negatively by the management of the hospice.

Parents of children and young people said how they had confidence in the service provided by the staff and management. A health care professional said how the service from the hospice was excellent and made a "huge difference to families' and children's lives." The views of children and families were regularly sought by the use of satisfaction surveys or via meetings with parents who said the hospice was "keen to know the views of children and parents." Parents also told us they were able to have informal discussions with the staff and registered manager about any concerns they had, which were acted on. We saw how the results of the satisfaction surveys were summarised and showed relatives were satisfied with the care provided by the hospice. There were action plans to address any areas identified in the surveys where improvements might be needed.

The hospice staff were well led with a management structure for the supervision of staff and the running of the service. There was a registered manager as well as a management team for administration, community services and clinical nurses. Team leaders directly supported staff. Those staff appointed to management positions had access to nationally accredited management courses. There were staff who had a lead role for safeguarding children and vulnerable adults who liaised with local authorities and provided guidance for staff as well as staff having lead roles in medicines, involving families and children, and, infection control. Two staff were champions in promoting the dignity of children and young people and there were two infection control champions.

The management of the hospice was committed to reviewing the service it provided and to making continuous improvements. For example, quality assurance systems and audits were used to monitor the operation of the service and for identifying areas in need of improvement. There were regular management groups called clinical governance groups which included reviews of medicines procedures, clinical effectiveness and information for families. The registered manager completed a Pre-Inspection report which identified areas where the hospice planned to make improvements, which included reference to a continuous quality improvement programme.

There were systems in place so that accidents and incidents were reviewed and action plans devised to reduce the likelihood of any reoccurrence. One of the social workers we spoke to confirmed how the staff took account of comments and advice about improving the recording of any injuries to children so child protection services had accurate information.