

Shooting Star House

Shooting Star House

Inspection report

The Avenue
Hampton
Middlesex
TW12 3RA

Tel: 020 8783 2000

Website: www.chasecare.org.uk

Date of inspection visit: 8 July 2014

Date of publication: 01/02/2015

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

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 the Care quality Commission (CQC) which looks at the overall quality of the service.

This was an announced inspection. During the visit, we spoke with the parents of eight different children, five care staff and the registered manager.

In October 2013, our inspection found that the service was compliant with the regulations we inspected against.

Shooting Star House Hospice provides in house care for up to eight children, day care and home care. This is for children and young people up to the age of twenty-one with life limiting conditions and support for their families is also provided.

Summary of findings

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

People told us they were extremely happy with the service they received, way it was delivered and the staff who delivered it. They said it was responsive to their changing needs and well-led. During our inspection visit we saw that staff were appropriately skilled, understood the needs of children and young people using the service and delivered care and support in a professional,

compassionate and supportive way. This was delivered in a safe environment. Staff had received thorough induction and on going training and understood and embraced the values and philosophy of the hospice.

The sample of records we looked at, including five care plans were well kept, fully completed and regularly reviewed. The staff at all levels of seniority were well trained, knowledgeable, professional and accessible to children using the service, their relatives and staff in the field.

The registered manager and organisation encouraged feedback from children and their families and consistently monitored and assessed the quality of the service provided.

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?

The service was safe. People told us that they felt safe using the service. There were robust safeguarding procedures that staff were trained to use and understood. The manager and staff had access to systems that enabled them to learn from any previous incidents of poor care or judgement. This reduced the risks to people and helped service improvement.

The provider was aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and there were references to them in policies and procedures.

Staff levels took people's needs into account when deciding required staff numbers, qualifications, skills and experience. This ensured that people's needs were met. There were policies and procedures in place to make sure that unsafe practice was identified and people were protected.

Good



Is the service effective?

The service was effective. The service assessed children's and young people's support needs and agreed care plans with them, if appropriate and their families before providing the care and support required. Staff skills and competencies were matched to the identified needs of the individual and their preferences. Any individual specialist input required from external community based health services, was identified in the care plans although most services including those in the community were provided from within the service.

All the people we spoke with told us that they found the service and the care and support it provided was very effective.

Good



Is the service caring?

The service was caring. People told us the staff that provided direct support and those in the office were kind, caring, professional and patient. They listened and acted to meet their care and support needs. People's care and support needs and other health and social information was recorded in the care plans that were regularly reviewed and updated with them.

Service reviews and re-assessment of needs were used as an opportunity to get direct feedback from people and their relatives about how they felt the service was performing. If shortfalls or concerns were identified these were addressed.

Outstanding



Is the service responsive?

The service was responsive. People told us that they were regularly contacted by the office to see if they were happy with the service they were receiving, staff delivering it and if they wished any changes to be made. This included any reasons why they may use the service infrequently. We saw a sample of five children's care plans that were comprehensive, based on individual needs, reviewed at each visit, updated and enabled staff to meet people's needs.

If needs changed staff reported them to the management team and the care plan was re-assessed and adjusted.

Outstanding



Summary of findings

People and their relatives confirmed that any concerns raised were discussed and addressed.

Is the service well-led?

The service was well led. People said they were very familiar with who the manager was and the rest of the management and office team. They said they were impressed by the way the management team and staff in general responded to them and speed with which they acted.

Staff said that they felt well supported by the manager, management team and organisation in general. There was an open door approach to management throughout the organisation. The training provided and advancement opportunities were also very good.

We saw that the recording systems, service provided and all aspects of the service were kept under constant review by the management team.

Good



Shooting Star House

Detailed findings

Background to this inspection

We visited the hospice on the 8 August 2014. At the time of our visit there were one child and one young person receiving an in-patient service. We spoke with eight parents of children using the service, six care staff and the registered manager and management and office team. We also observed care, support, toured the premises and checked records, policies and procedures.

This inspection was carried out by an inspector and Expert by Experience (E by E) who had experience of hospice services. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

We reviewed information that we held about the service before our visit. This included a Provider Information Return (PIR) sent to us by the provider. This contained information about areas of good practice and areas for future improvement under each of the five questions. We looked at the personal care and support plans for five children, and the training and supervision records for staff. We checked records, policies and procedures and looked at other records about the management of the service.

Is the service safe?

Our findings

A relative told us "I have a lot of faith and trust in the staff here, more than anywhere else I've ever been", "This is the only place that we feel our child is completely safe and taken care of. Only at home and here does her true personality shine through". Another said "We couldn't be happier. We use the day care service and they always make sure she is greeted by a familiar face because that is important to her."

There was information in the consent policy and procedure regarding the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and 'Best interests' process that staff confirmed they were aware of and understood. The consent forms were signed by parents for children under 16 or those who had been assessed as not having capacity to make decisions. Training was provided for relevant staff to understand the assessment process. Records showed that any concerns or changes regarding capacity were notified to the relevant health care professionals working in this field. This meant that people had their liberty safeguarded and they were free to come and go if they wished, as appropriate.

We walked around the premises and found them to be safe, clean and hygienic. The facilities were well maintained and included a hydrotherapy pool, music, activities, teenager's lounges and general play areas. We saw that the equipment provided was of high quality and there were records that showed it was regularly serviced. There were regular health and safety daily, weekly, monthly and annual risk assessments.

There was a robust, competency based staff recruitment process that a sample of staff records showed was followed. There was two weeks of induction training, three weeks' shadowing when not included in staffing levels and three months' probationary period that was reviewed after six weeks. Staff had been Disclosure and Barring Service (DBS) checked and cleared. This contributed to the safety of children and young people who used the service.

People's care needs were taken into account within the staff rotas when making decisions regarding the required staff numbers, qualifications, competency, skills and experience.

We saw there were suitable numbers of staff to meet children's needs during our visit and the rota demonstrated that staff were available at all times to meet their agreed needs and safeguard their welfare. Staff worked across the different services if required, explained the differences in the services to us and fully understood what was needed to deliver them. If necessary in-house bank and agency staff were available that was familiar with the service.

There were policies regarding privacy, dignity, bullying, anti-discrimination and fire safety and evacuation that staff had received training in. We saw some of these procedures in operation during our visit. These and other topics were regularly discussed during staff meetings. There was guidance in place regarding diversity and policies and procedures were being developed for diversity and whistle-blowing. Staff said they would have no problem with reporting any poor practice to the organisation. These and other topics were regularly discussed during minuted staff meetings that we saw.

No staff were currently subject to disciplinary action and policies and procedures were in place to make sure that unsafe practice was identified and people were protected. For example there were

safeguarding children and adults from abuse, challenging behaviour and no restraint policies and procedures that staff confirmed they were aware of. They had also received safeguarding and challenging behaviour training that was regularly updated. Appropriate staff were aware of how to raise a safeguarding alert and attended safeguarding meetings if required and appropriate. There were no current safeguarding children or adults from abuse alerts.

Risk assessment and risk management was part of the admission assessment process. A sample of the five care plans we looked at contained risk assessments including that they were reviewed and updated at each visit along with the care plans. We saw records which demonstrated that individual staff supervision sessions and staff and placing authority meetings were also used to discuss risks to particular individuals. The organisation included risks regarding all aspects of the service provided that was monitored by the quality assurance monitoring system.

Is the service effective?

Our findings

Parents and children expressed their views and were involved in making decisions about their care and treatment. Parents said that they were comfortable discussing their children's health and other needs with staff.

They told us that they thought there was enough staff to meet their needs without having to rush. They also said staff provided the service they needed, when it was required and in the way they wanted it. One person said "The staff are fantastic. When my daughter was having a difficulty with something, one person who clearly knew her well, suggested music therapy and it was a breakthrough moment", "Even when my daughters specialist worker is temporarily unavailable, everyone else there seems to know her really well also and knows how to work with her". A relative told us "In my opinion, 99% of the time, staff know exactly the right thing to do and that the other 1% of the time, they go away and find out properly." The comments made demonstrated the quality of the training, supervision, appraisals and care plans that enabled staff to provide an effective service.

There was a staff training matrix that identified when refresher training was due. It also showed that staff received thorough induction training and underwent mandatory refresher training. There was mandatory training in areas such as manual handling, safeguarding, infection control, basic life support and moving and handling. Regular staff supervision, meetings and annual appraisals took place. Nurses received individual supervision six weekly and care assistants bi-monthly.

Children and young people are entitled to stay for up to 12 days per year. The five care plans we looked at were

comprehensive, updated at each visit and included sections for health, play, communication, pain, nutrition and diet. Care plans and information from external health care professionals were incorporated within the service care plans. Parents, children and young people were provided with information packs and encouraged to work with staff at every opportunity so that they could get a more holistic idea of their needs. Nutrition guidance was available and there was access to nutritional specialists. Staff said any concerns about children were raised, discussed and records demonstrated that referrals were made to relevant health services as required. The care plans were regularly reviewed and updated as needs changed.

Children, young people and parents had access to a free massage, aromatherapy and reflexology. Children and young people were also provided with in-house occupational, physiotherapy, music, art, sensory and play therapy sessions. Bereavement counselling was also available to parents and siblings. There were day care and activities co-ordinators and many volunteers who had been Disclosure and Barring Service (DBS) checked and cleared.

The hospice had a service level referral agreement with Great Ormond Street Hospital who provided telephone access to their Symptom Control Team and also drew up advanced care plans.

We saw, and records showed, that the service worked well with other agencies and services to make sure people received their care and support in a joined up way. This was demonstrated by the relationship the service had with community based health services such as GPs and District Nurses.



Is the service caring?

Our findings

Parents and children using the service said that they were treated with dignity and respect. The staff training programme showed us that they had received training about respecting children's and parents' rights, dignity and treating them with respect. There was a dignity and respect policy and procedure that we saw was followed during our visit.

They said staff took time and trouble to make sure that their needs were met, were patient, extremely supportive, friendly and helpful. One person said "I know all of my daughter's favourite positions to lie in and the team worked with me to draw diagrams and take pictures so that her care plan contained that information. That was great care". Another person said "The care and consideration given to siblings was nothing short of amazing. Kindness and compassion are everywhere here". Someone else told us "The staff here know our family prayer and they say it with our daughter every night. She loves girly things and the nurses do things with her that makes her happy."

Parents told us that they were consulted about every aspect of the care delivered including how they wanted the care provided and when. This was for all the services provided at the hospice and within the community. These included short break care that was available for 12 nights per year and end of life care that was limitless and step down. Step down is reduction of medicine and reintegration with mainstream services after leaving

hospital. The short break and end of life care included care, support and accommodation for siblings as well as parents at the service. Day care and pre-school provision was also provided.

There was an after death tranquil suite available for parents and siblings who were allocated their own team member for up to two weeks. The service sign posted people to specialist advocacy services and there was a palliative care consultant contracted for two days per week. Parents and siblings were invited to return for group or individual remembrance days as preferred and could post messages or hang a star on the hospice remembrance tree.

The five care plans we looked at were comprehensive, based on the assessed information, regularly reviewed and underpinned by risk assessments that were updated at each visit. If needs had changed they were reviewed by senior, suitably qualified staff. The care plans paid attention to small details that had a positive impact on the care delivered particularly surrounding communication, play and psychological, emotional and spiritual well being. Records showed that appropriate information was shared with other care professionals. Other reporting information recorded included accident and incident and complaints and compliments feedback forms.

The service had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction and ongoing training and contained in the staff handbook that they had to sign to confirm they had read.



Is the service responsive?

Our findings

One parent told us "I can't tell you the number of times that staff have taken me off somewhere private to have a good cry. They seem to know exactly how I'm feeling sometimes". Another parent said "My daughter is very vocal about her preferences and the staff really appreciate this. They encourage her to make her own decisions which she does with great enthusiasm". Someone else said "When we did finally go away, they gave us a lot of time every night to tell us everything about our son's day, what he had done and how he was feeling. This meant the world to us." People told us and we saw that children and young people were involved as appropriate in decision making. This was particularly on a daily basis surrounding activities and in the case of children play. This included the type, timing of activities and way they would like to do them. This approach focussed the service and way it was provided on them and their individual needs and wishes whenever possible. This was delivered in a friendly, supportive and nurturing atmosphere.

Parents told us that they were asked for their views, listened to and their views were acted upon. They said if there was a problem, they would speak to staff and there was a named keyworker for each child or young person. They added that they rarely had a problem, but if they did it would be dealt with promptly. They confirmed that personal care was given based on their gender preferences, wherever possible. We saw, and records showed, that diverse cultural, religious and other needs were met. Special diets were catered for and families were encouraged to eat with their children if staying. There was age appropriate equipment available for children and young people. This included a well equipped music room with a large variety of musical instruments that children and young people were encouraged to use, a gaming suite for younger adults where they could play computer games and well equipped indoor and outdoor play areas. A swimming pool and sensory area were also available as well as massage. Parents said they also had access to massage to help relieve stress. The garden had a water sphere that enabled people who could not look upwards to see the sky in reflection and scented areas with different herbs. There was also a separate quiet garden area where bereaved relatives could reflect and remember loved ones.

People told us that there was frequent telephone communication with the office and a bi-annual survey to make sure needs were being met and if there was any way the quality of service could be improved. People were also provided with information about what they could expect from the service and the service expectations of them. This was being updated into a family fact file during our visit.

Records demonstrated that children, young people and their relatives contributed to assessments and updated care plans with staff at each visit. Consent to treatment was sought and obtained as part of the assessment process. This helped to protect people's rights and prevent them from receiving care and treatment against their wishes.

We saw that crisis support was available to families and children could be admitted at short notice with a senior nurse on call to facilitate emergency, out of hours transfers. There was also seven days per week community support for children who wished to die at home.

The care plans we saw recorded that children's and young people's needs were reviewed, re-assessed with them and their parents as appropriate and re-structured to meet their changing needs. Whilst formalised and structured they were also added to during conversations between staff, children and their parents which made them individualised and person centred. They were

checked with parents and children at each visit and this was used as a further opportunity to identify if needs were being met or if any had changed.

Parents told us that they were aware of the complaints procedure and how to use it. We saw that the procedure was included in the information provided for them. We also saw that there was a robust system for logging, recording and investigating complaints and incidents. Minutes showed that anything that could have been done differently or better was discussed during staff meetings and used to learn from. Records showed that reflection on incidents took place during clinical practice forums using the 'Gibbs' reflective cycle. The Gibbs cycle is a reflective practice clinical tool. We saw that no current complaints were recorded within the complaints records. Staff said they had been made aware of the complaints and whistle-blowing procedures.

Is the service well-led?

Our findings

Parents told us that the service had an open, listening culture that gave them confidence that their views were listened to and acted upon with the manager and office team operating an open door policy. One person said "Management seem to listen to everything. The only time we ever mentioned something, we felt we were heard and something happened. There are no barriers to communication". Another person told us "I have my points of contact here and I always go to them when I need to talk. It all runs very well". Someone else said "Shooting Star is a huge part, a central part of our lives and we hope it continues exactly as it is. It's just about perfect for us."

The organisation's vision and values were clearly set out and the management practices reflected them. Parents confirmed that they were actively encouraged to make suggestions about the service and any improvements that could be made.

During our visit we saw supportive, clear and honest communication with parents and children, face to face and by telephone by all staff who made themselves readily available to children, parents and other staff in a team environment.

The staff we spoke with felt well supported by the registered manager and organisation, although some had felt a little isolated when working across teams rather than within a specific one. They said and records showed that this was addressed by the registered manager and management team by making themselves available to support staff whenever it was required.

The registered manager explained that there was a board of trustees with areas of expertise in human resources, finance, marketing, law and clinical care. There was also parent representation on the board. There were a number of senior organisational team meetings that included organisational leadership and senior care leadership as well as monthly team leader and care team meetings.