

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Shooting Star House

The Avenue, Hampton, TW12 3RA

Tel: 02087832000

Date of Inspection: 14 January 2013

Date of Publication: February 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Shooting Star CHASE
Registered Manager	Ms. Sandra Hillery
Overview of the service	<p>Shooting Star House Hospice provides in house, day care and home care for children and young people with life limiting conditions and support for their families. It delivers a range of services including music therapy, end of life care, hydrotherapy, counselling, respite care, specialist play activities, family and bereavement support. The hospice has a large garden, activity areas and relaxation rooms. Accommodation is available for parents and siblings.</p>
Type of service	Hospice services
Regulated activities	<p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Nursing care</p> <p>Personal care</p> <p>Treatment of disease, disorder or injury</p>

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Supporting workers	9
Assessing and monitoring the quality of service provision	10
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
Contact us	16

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 January 2013, observed how people were being cared for and talked with carers and / or family members. We talked with staff.

What people told us and what we found

There were four children receiving care at the hospice during our inspection. We spoke to two families and eight members of staff from a variety of roles including two volunteers. We observed the interactions between staff, children and their families and saw children receiving care and support which met their individual needs. Families we spoke to also confirmed there was good support available for parents.

All the families we talked to spoke very highly of the service. One said "I have every confidence in the staff".

The hospice offered a welcoming environment and had a number of different activity areas including music therapy room, hydrotherapy pool, sensory room, relaxation/interview rooms and two communal areas. There was a "chill zone" for young adults who had been involved in the interior design. A spacious garden area was being refurbished.

We spoke to six members of staff from a range of roles who told us about the training and support they received. They said "there were plenty of training opportunities and workshops were held on site". The hospice had an education department and we met the practice education facilitator and clinical educator who provided an overview of the training programme.

Staffing levels at the hospice and the skills and knowledge of staff were suitable and appropriate to meet the children's and young people's needs. We spoke with staff who confirmed they regularly provided one to one care including night shifts.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who use the service were given appropriate information and support regarding their care or treatment.

There was a number of leaflets available for families which described the range of services provided. We spoke to parents of two children who said that staff had taken time to explain to them the services that were available and they could have a trial of the individual services before deciding which to use.

Parents told us they were made to feel welcome and encouraged to phone at any time if they wished.

Two families told us they were very pleased with support received and their children received one to one care if required. This gave them confidence in the staff who were polite, kind and respectful. They said that a considerable time had been taken to put together a care plan "All about me" for their child when they first started using the service and this was reviewed and updated every time the every time their child returned to the hospice.

We spoke to a mother who said that a number of tailored activities had been arranged for her child which would not have been possible without the support of the staff and the procurement of specialist equipment. She had also received out of hours support at home.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

There were four children receiving care at the hospice during our visit. We spoke to two families and eight members of staff from a variety of roles including two volunteers. We observed the interactions between staff, children and their families and saw children receiving care and support which met their individual needs. Families we spoke to also confirmed there was good support available for parents.

We looked at care records of three children and saw that plans were updated appropriately. Staff told us "They have time to go through the plan with the child and their family". We also saw how staff shared day to day information about the children. We noted an alert system was in place which included any urgent information which could be cascaded to the multi-disciplinary team.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We spoke to the Practice Education Facilitator who told us all staff received safeguarding training, this was confirmed when we examined records. We spoke to five members of staff who were able to demonstrate their knowledge of safeguarding relating to children and young adults who used the service.

Staff knew who to report to in regard to any allegations of abuse or possible harm to those who used the service.

This meant that the provider had taken effective steps to ensure that staff would report any sign of abuse and take appropriate steps to protect children and young adults from harm.

The provider used volunteers to support the service. The manager told us that volunteers were checked as thoroughly as employed staff and only when all the required checks had been completed would they be accepted as a volunteer. We spoke to a volunteer who confirmed that criminal records checks had been completed on employment and regularly updated.

The safeguarding policy was seen and minutes of the clinical governance meeting seen confirmed that safeguarding matters were included in the agenda.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard

Reasons for our judgement

The provider had worked continuously to maintain and improve high standards of care by creating an environment where clinical excellence could do well.

We spoke to six members of staff from a range of roles who told us about the training and support they received.

The hospice had an education department and we met the practice education facilitator and clinical educator. They provided written information related to staff competencies and clinical supervision. There were four core clinical competencies and these had been developed around the needs of the children cared for in the hospice, These included self assessment by the registered nurses.

Staff told us that they had received formal supervision and annual appraisal. The manager told us monthly team meetings were held and the meetings of these meetings were seen.

A preceptorship programme was available for new staff and a mentoring system was in place. Staff spoken to confirmed that they were well supported and had ample opportunities for training. All new members of staff had a two week induction programme and were supernumery during this time.

Staff told us there was good support available to them with regard to children receiving end of life care. Staff also had access to a confidential service for employees.

Families we spoke with said that they were confident that staff had the necessary skills and training to meet the needs of their children.

Training sessions were held on site and the Cross-over training timetable which had already commenced included eight workshops for the month of January 2013.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The provider took account of complaints and comments to improve the service.

The hospice had a formal system in place for monitoring the quality of the service provided. Feedback from the family surveys was positive. A leaflet "Do we shine" is available in public areas and requests feedback relating to compliments, comments and complaints.

There were regular audits carried out related to a range of issues including record keeping, moving and handling, mattresses, control of infection and medicines administration record charts. The clinical governance, risk and governance group which included the senior managers reviewed these reports. The manager confirmed that any actions were monitored by her and feedback provided to team leaders as appropriate.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
