

# CHAS at Home Support Service

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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
9 December 2024

**Service provided by:**  
Children's Hospice Association  
Scotland

**Service provider number:**  
SP2003002501

**Service no:**  
CS2004076752

## About the service

Children's Hospices Across Scotland (CHAS) provide care and support at their two hospices and through outreach services including their care at home service. The service outlines the purpose of the CHAS at Home service:

'Our CHAS at Home nurses can provide the same care and support we offer in the hospices, in the comfort of your own home. These visits can be one-off visits, or from time to time for respite care as needed'.

The care at home service is provided by teams of staff based in four settings; Rachel House (a hospice in Kinross), Robin House (a hospice in Balloch) and from office premises in Inverness and Aberdeen.

Local teams have nurses and senior support workers who travel all over Scotland to care for children and young people in their own homes. They offer nursing care as well as emotional and practical support and can also help provide end of life care at home. The service has expanded in size and remit since the covid pandemic, recognising the benefits of offering a bespoke homebased service to children, young people, and their families.

The service has been registered since January 2005.

## About the inspection

This was a short notice announced visit which took place from 25 November 2024 to the 9 December 2024. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with three family members of people using the service
- spoke with 13 staff and management from across all four teams in the service
- reviewed survey responses from one young person, 12 family members, six external professionals and 19 members of staff
- reviewed documents and care plans

## Key messages

- High quality care and support is underpinned by strong relationships, robust care planning, and strong quality assurance systems.
- Children, young people, and their families benefit from a highly tailored and flexible service.
- A culture of continuous learning and reflection meant that some gaps in child protection recording and practice were identified by the service and actions have been taken to strengthen this.
- People benefitted from robust medication management.
- There is some variance in the level of service available to families nationally, with the Aberdeen team particularly impacted by recruitment and retention issues.
- Young people and families benefitted from the support of a highly skilled, compassionate and competent workforce who worked well together.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our staff team?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, young people and their families. Therefore we evaluated this key question as very good.

As a health led service, the team had a strong understanding of their role in supporting people's healthcare and physical and emotional wellbeing. Parents consistently told us about the high level of trust they had in the clinical and care capacity of the staff team. One parent told us: 'The CHAS at Home team fully understand my daughter's needs both medically but also how she likes to be supported on a day to day basis. They take the time to understand her routines and what she likes and ensure that they incorporate this when supporting her'. This meant that families were able to fully trust that their children were in capable hands, even when they had complex health needs.

Care plans were detailed and regularly reviewed, ensuring that changing care needs were fully understood and met. This was underpinned by strong relationships, robust planning processes, good communication and strong quality assurance processes. This ensured that children and families received a consistently high standard of support no matter which team members visited them.

Practice in managing child protection or welfare concerns was generally robust. Most members of staff were very confident in this area, and all were aware of the child protection policy and procedures and had undergone relevant training. However, a recent protection incident had highlighted child protection practice as a learning need for some staff members. The organisation has been proactive in identifying and addressing any gaps in policy or practice and has made some significant changes during the course of 2024. We look forward to seeing how this has become embedded within the service during future inspections.

Family members were very clear that their needs and wishes were sought, understood and informed care planning for their children. We heard numerous examples of creative ways the team had supported young people and their families, from taking a young person with high support needs Christmas shopping for their family for the first time; to supporting a child in hospital for an extended visit to allow a parent to prepare for a move to a new house; to providing night shift cover at home for children receiving end of life care. The clear message families receive is that 'nothing is too much trouble'. This flexibility means that children and their families are able to get the support that is right for them.

The service could strengthen their practice around ensuring that the voices of all children and young people are heard, including those quieter voices. This had already been identified by the organisation who are taking active steps to develop this area of work. This includes building links with external agencies who specialise in augmentative and alternative communication devices and approaches to make sure they get this right.

People benefit from a robust medication management system that works effectively, supported by robust quality assurance processes, to ensure that people are kept safe, comfortable, and always have their health needs met. This was recognised and highly valued by families using the service.

Personal care and support plans indicated that the CHAS at home staff team had a strong understanding of each supported person's food and nutritional needs. This extended far beyond understanding the principles of a healthy balanced diet. Many young people had specific nutritional needs, which were supported to the

highest of standards. Staff are trained to support young people who receive nutrition through alternative means such as gastrostomy, jejunostomy and nasogastric tubes, with regularly updated training to maintain skill levels.

## How good is our staff team?

## 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children and young people, therefore we evaluated this key question as very good.

The CHAS at home service covers the whole of Scotland between four teams, the Aberdeen team in particular has experienced difficulties due to recruitment and retention challenges. As a result, families and children covered by that team have not always experienced support from a consistent staff team. However, staff from neighbouring teams have stepped in to support families in this area where required.

Assessing and making decisions about how to prioritise staff time is a fluid and dynamic process, evidenced by the regular workplan meetings, daily catch ups and handovers between staff team members. All families were aware that routine support visits may be rearranged where there is pressing urgent need for other families such as end of life care, and this is explicit within care agreements which are reviewed regularly.

The staff team felt well supported by line managers to develop competence and confidence in their work, particularly in relation to end of life care. Newer staff were given opportunities to work alongside more experienced team members to develop skills. Feedback from families and the staff team evidenced that people were supported to develop and maintain the right skills to meet the needs of children and families requiring support. One parent told us: 'the dedication and professional approach CHAS staff demonstrate for my children has been exemplary throughout our time knowing them and I have no hesitation at all trusting CHAS staff to manage their complex needs'.

Care is provided as much as possible in accordance with people's preferences for when and how their support is provided, although in teams impacted by staff shortage it was difficult to provide the same level of flexibility as elsewhere in the service. Several parents commented on how seamless and consistent the care and support from all members of the team was, with one saying: 'Anyone who comes to visit my son, is fully up to speed on his care plans, they know his medical needs, routines, likes and dislikes. This is consistent across the whole team'.

During community visits to children, the staff had enough time to support people with compassion, creativity and flexibility and to have meaningful conversations with young people and family members. Many parents talked about how the CHAS at home team 'became part of the family' and this sentiment was echoed by the staff who felt this was one of the real advantages of the at home service. Where additional support needs were highlighted by families, staff members were proactive in getting support from other services within CHAS and from external partner agencies. The CHAS services - including financial advice and the family support team - were particularly valued by families and helped to take pressure off them during challenging times.

Where team members had any concerns about the practice of colleagues, people showed professional confidence in highlighting those concerns with management in order to ensure that families experienced consistent and high quality support. These were then addressed competently and fairly by managers in accordance with employment law and best practice. Staff leaving the service were encouraged to take part in exit interviews and new staff told us that the service was always keen to hear their thoughts and observations in order to ensure that that the service could be as effective as possible.

With the exception of the understaffed Aberdeen team, all of the other staff experienced excellent working relationships between team members. People felt cared about and well supported by their team and by senior staff nurses within their teams who they worked with closely. There were lots of opportunities for staff team members to discuss their work to help to ensure the best possible experiences for families using the service.

Families spoke with warmth and emotion about how much they valued the relationships they and their children developed with the staff team. One parent said : 'When I told my son he was seeing the CHAS ladies, he just lit up'. Another said 'They are all different, with different personalities, but they are all amazing'.

The management and support staff I met in the course of this inspection were all well aware of the impact their contribution had on supported families, and were committed to building a confident and well supported staff team who in turn were able to deliver the best possible standard of care to children.

A significant proportion of the staff I spoke to and received surveys from did say that communication about changes within the service could be better, and several people said that it could be difficult to get hold of a senior manager at times. The managers of the service accepted feedback and have tried to put in place mechanisms and meetings to ensure that all staff can be in touch with each other and senior managers. This is a challenge due to shift patterns and the scheduling of visits and as stated before, these opportunities are used by some members of staff more than others.

However, whilst I heard that impacted at times on staff morale, there was little evidence of an impact on direct care to children or support to families. The most significant impact would be in staff leaving the service and some challenges with recruitment. This was particularly apparent within the small Aberdeen team where there was illness and longstanding vacancies, impacting on working experiences for people within the team. This was less apparent within the other 3 teams.

The organisation has recognised the challenges for the services in the north of Scotland, and has restructured the management of the service significantly, with a new senior charge nurse recruited specifically to develop and build these teams.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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