

The Children's Trust

The Children's Trust - Tadworth

Inspection report

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Date of inspection visit:

21 January 2020

22 January 2020

23 January 2020

Date of publication:

06 April 2023

Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

The published date on this report is the date that the report was republished due to changes that needed to be made. There are no changes to the narrative of the report which still reflects CQCs findings at the time of inspection.

About the service

The Children's Trust – Tadworth provides a residential children's home for children and young people with profound and multiple learning disabilities, a residential rehabilitation service for children and young people with acquired brain injury and a Short Breaks service. The Children's Trust offers a wide range of services, and at the time of our inspection 49 children and young people were in receipt of care. They can accommodate 61 children and young people across seven houses.

Children and young people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Those using the service received planned and co-ordinated child-centred support that was appropriate and inclusive, and helped them to gain new skills in preparation for adulthood.

The Children's Trust had up-to-date, comprehensive and service specific policies and procedures to support effective practice.

Staff knew the children and young people they cared for well, including information about their prescribed medicines. However, records did not always fully reflect the excellent care, treatment and intervention received.

Not all staff received level three safeguarding children training in accordance with updated intercollegiate guidance.

All houses and communal areas were clean. Hygiene standards, infection prevention and control were maintained to a high standard.

Children and young people benefitted from exceptional care provided by a wide range of highly skilled, committed and passionate staff.

The Children's Trust had a comprehensive understanding of the needs of children and young people when they return home or transfer into adult services. Planning for discharge began before admission.

Children and young people receiving intensive rehabilitation at The Children's Trust were supported by excellent staff who were committed to supporting achievement and success. The progress children and young people made was visible.

Staff were committed, dedicated, passionate and professional. We observed kind and caring staff treat children and young people with dignity and respect. Staff were passionate about the work they did to support children and young people to lead fulfilling lives.

All discussions with staff included the child or young person whenever they were present. Staff understood the requests of children and young people who found it difficult to verbally communicate.

We saw many examples where children and young people were at the heart of everything. We saw positive interactions between children, young people and staff at all levels. We saw strong evidence of children and young people achieving exceptional outcomes.

Staff developed child-centred care plans from the child or young person's perspective. Voice of the child was very strong throughout the assessments and plans that we reviewed.

Arrangements for social activities were innovative to meet children and young people's individual needs, so they could live as full a life as possible.

The Children's Trust had a strong process for seeking, responding to, and making improvements from; feedback, complaints and compliments.

Governance structures, accountability frameworks and monitoring of quality and improvement was strong and well-embedded throughout the service.

Effective processes and systems were in place for pharmaceutical supply and advice within the service, providing good oversight of medication use.

Staff told us they felt well supported by leaders at different levels and felt confident in raising concerns. Senior leaders were highly visible and available to staff through 'visible leadership'.

The standard of record keeping was variable across all aspects of The Children's Trust, reaching just the minimum requirements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This was a planned inspection based on findings from the previous inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Children's Trust - Tadworth on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.
Details are in our safe findings below.

Inspected but not rated

Is the service effective?

The service was exceptionally effective.
Details are in our effective findings below.

Inspected but not rated

Is the service caring?

The service was exceptionally caring.
Details are in our caring findings below.

Inspected but not rated

Is the service responsive?

The service was exceptionally responsive.
Details are in our responsive findings below.

Inspected but not rated

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Inspected but not rated

The Children's Trust - Tadworth

Detailed findings

Background to this inspection

The inspection

We carried out this inspection on 21, 22 and 23 January 2020 with Ofsted. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service under the Care Act 2014.

Inspection team

The inspection team consisted of two children's services inspectors, one medicines inspector and two specialist advisors for children's nursing and learning disabilities. There was also a team of four Ofsted social care regulatory inspectors on-site. A separate Ofsted report is available at <http://reports.ofsted.gov.uk/>

Service and service type

The Children's Trust – Tadworth is a residential children's home for children and young people with profound and multiple learning disabilities and a residential rehabilitation unit for children and young people with acquired brain injury. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The Children's Trust can accommodate 34 children and young people with acquired brain injury across four houses and a further 27 children and young people with profound and multiple learning disabilities across three houses. There are plans to open an eighth house, increasing capacity to 66.

The service had a manager registered with CQC. This means that they, and the provider, are legally responsible for how the service is run, and for the quality and safety of the care provided.

Notice of inspection

We gave the provider 48-hours' notice to give them the opportunity to decline the aligned inspection in

favour of separate CQC and Ofsted inspections.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who commission the service. We used the information the provider sent us in the provider information return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with three young people who used the service and two relatives about their experiences of the care provided. In addition, we spoke with 53 members of staff including the chief executive officer, registered manager, nominated individual who is responsible for supervising the management of the service on behalf of the provider, head of psychosocial services, registered nurses, therapists, children's support assistants, and the on-site pharmacist.

We reviewed a range of records. This included 33 children and young people's care and medication records. We looked at nine staff files in relation to recruitment, training and supervision. We also reviewed a variety of records relating to the management of the service, including audits, complaints procedures, policies and guidelines.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at data and audits. We sought feedback from a health practitioner who regularly visits The Children's Trust in a professional capacity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Is the service safe?

Our findings

Safe – this means we looked for evidence that children and young people were protected from abuse and avoidable harm.

Children and young people were safe and protected from avoidable harm.

Systems and processes to safeguard children and young people from the risk of abuse

- Children and young people at The Children's Trust were safe and protected from harm. There was a robust safeguarding policy updated in line with Working Together to Safeguard Children 2018, which provided clear guidance for staff and volunteers in identifying, responding to, and managing safeguarding concerns promptly and effectively. Children, young people and their families told us they felt safe. One young person said they felt safe because there was always staff around to help them when needed it and they could always ask for support.

- There was an on-site children's social work team whose support was highly valued by clinical staff. The recently introduced head of safeguarding role, also demonstrated a commitment to ensuring that safeguarding children is a priority for everyone.

- All staff were up to date with level two safeguarding children training. Qualified health practitioners had received level three training. Staff could demonstrate a good level of understanding of their safeguarding responsibilities and how to respond to protect children from the risk of harm. However, we found that the children's support assistants (CSAs) had not received level three training. This meant that not all staff were compliant in accordance with updated national guidance (Safeguarding children and young people: roles and competences for health care staff. Intercollegiate Document 2019). The Children's Trust had a clear, timebound plan to address this.

Recommendation: The service should ensure and monitor that all staff receive level three safeguarding children training as required and assure themselves that a positive impact on work with children can be demonstrated.

- Staff received group safeguarding supervision in addition to clinical supervision. This was attended by all staff during the team away days and staff meetings and gave the opportunity for staff to reflect on their work with children and young people where safeguarding concerns were suspected or known. Supervisory processes also provided a safe space to experience respectful and constructive challenge and share learning. There are advanced plans to strengthen safeguarding supervision through increased frequency and the introduction of a formal supervision model to further support structured reflection.

Assessing risk, safety monitoring and management

- Risk assessments and management plans were detailed and included protective factors as well as risks to the child or young person. In one case, the young person was at potential risk due to experiencing suicidal thoughts. Their risk assessment was co-produced with the young person to show how they could manage this risk safely. This included the removal of medicines and other items from their room and an agreement to carry out 'room sweeps' to check ligatures points and sharp objects to ensure the young person was safe. The psychologist told us about the importance of involving the young person to encourage independence and empower them to be risk aware, so they could use these skills when they were discharged back to their

home.

- For another young person, a thorough assessment identified a high level of risk from exploitation which had further increased due to their increased vulnerability from their injury. Prompt and timely action was taken to keep the young person safe. This demonstrated a strong understanding of contextual safeguarding risks and has informed further training for other staff within The Children's Trust.
- Environmental risk factors in each house were recorded, with control measures put in place to reduce the likelihood of harm to children and young people. Environmental risk assessments were comprehensive and covered all areas, including trip hazards, the use of kitchen equipment, bed rails and falling objects. There were also detailed protocols to guide staff on what to do if children or young people absconded from the home, this included reviewing its likelihood and following emergency procedure. Where children and young people were supported to travel, we saw risk plans developed with the physiotherapist to make sure they could mobilise safely during their travel.
- Staff completed checks in the houses to minimise the risk to children and young people's safety. Staff checked equipment, and these were up to date, including portable equipment in the communal kitchens and portable appliance testing (PAT) on electrical wheelchairs and hoists so they were suitable and safe for children and young people to use. Emergency equipment such as defibrillators were available. Signs were displayed clearly stating where these could be located. Staff were trained in basic life support and resuscitation to make sure they could respond to medical emergencies.
- External contractors were on site to carry out routine maintenance on the exterior of the building and safety procedures were robust. For example, in collaboration with children and young people, a 'know your lanyard' scheme was developed to identify children, young people, staff and visitors whilst on site. Each coloured lanyard meant something different and there were easy read posters around the whole site explaining what each lanyard meant. We saw examples of appropriate challenge when people were not wearing a lanyard or ID. This meant that everyone in the building or grounds of The Children's Trust could be easily identified, and children and young people kept safe.
- Fire risk assessments were up to date and safety equipment such as fires extinguishers were on site. Padded rescue mats were in the communal areas to safely evacuate children and young people with mobility needs. Fire safety signs were in the buildings and staff we spoke with knew what actions to take in the event of fire. Children and young people had individual personal emergency evacuation plans (PEEPS) and to show means of escape in the event of a fire emergency. All PEEPS were up to date to assist children and young people to safely in the event of a fire emergency.

Staffing and recruitment

- Children and young people at The Children's Trust benefitted from a wide range of passionate, kind and caring multi-disciplinary professionals employed directly by the service, who worked closely together to provide care and intervention that met holistic needs.
- Recruitment and retention challenges were not identified as a particular challenge for The Children's Trust, yet leaders were working creatively to further improve the recruitment and retention of new staff. The service offered tours for shortlisted applicants before interview, to allow them to get a feel for what working in such an environment might be like. Recruitment was underway to raise the number of registered nurses and increase the ratio of qualified to unqualified staff. There were also plans to development the role of nursing associate in conjunction with Health Education England.
- Staff at all levels were recruited in accordance with a safer recruitment policy. We saw the recruitment process in action in the staff records of recent appointments. Where Disclosure and Barring Service (DBS) reports were delayed, there were clear risk assessments and appropriate precautions taken.
- There were vacancies for nursing and care staff at the time of the inspection, yet this did not have a detrimental impact on children and young people or their care. Leaders ensured that the optimal ratio of staff to children and young people was always maintained by caring for fewer children and young people

until staff vacancies were filled. This meant that children and young people always had the staff they needed, available to meet their needs.

Using medicines safely

- The service had a comprehensive medicines policy, covering all the aspects recommended within NICE Guidance SC1. There were also supplementary standard operating procedures for specialist areas such as intravenous administration and the management of controlled drugs.
- There was a record of medicines related training and competency assessment for CSAs to ensure oversight of skills and training needs. Nurses and CSAs were only permitted to administer medicines once assessed as competent. The oversight and recording of the competency-based training that nurses received was less thorough however. Additional training was provided to meet the needs of individuals for example, specialist Hickman line administration training.
- Where pain relief was prescribed, FLACC (face, legs, activity, cry, concealability) scoring charts were used to assess pain levels. However, there were no protocols to support the nurse or CSA in appropriate administration; such as indication for use, anticipated outcomes or when to refer. Medication such as salbutamol, antihistamines and rehydration sachets were prescribed as PRN (PRN is the administration of medicines such as pain relief that are given 'when required') with insufficient information to support appropriate administration to the child or young person. Whilst this did not have an impact for regular staff who knew the children and young people well, this could be particularly important where new staff are caring for a child or young person. The service did however, have detailed child-centred PRN protocols for seizure management.

Recommendation: The service should ensure protocols are in place to support staff in the safe administration of all 'when required' (PRN) medicines.

- Staff knew the children and young people they cared for well, including information about their prescribed medicines. However, possible risks associated with medicines that thin the blood (anticoagulants) were not always documented. This could be important information for new staff caring for children and young people at the service.

Recommendation: The service should ensure that risks associated with high risk medicines are clearly documented in children and young people's records when prescribed.

- The service operated a 'cupboard to child' administration policy, therefore the fully completed drug charts and medicines were taken from 'POD lockers' directly to the children and young people for administration. The POD lockers met British Standard approval and stored only medication for the individual whose room it was within. This reduced the risk of administration errors. Observation of administration to one child demonstrated how processes were followed in line with the policy and ensured that the child or young person receive their medicines safely.

- The storage of oxygen and stock medicines not requiring refrigeration was inconsistent between houses and did not always meet recommendations. Unsecured cylinders were stored in treatment rooms and unventilated cupboards also used to store other miscellaneous items. Whilst there was signage on the storage cupboard door, there was no signage when oxygen was in use in individuals' rooms. We saw how some houses held 'overflow' and stock medicines in a kitchenette area. Whilst these were stored in locked cupboards, the areas were not subject to temperature monitoring.

Recommendation: The service should ensure that medicines and medical gases are stored and recorded, safely and securely in line with manufacturers' recommendations.

- The service had an onsite pharmacy. The pharmacy team visited all houses at least weekly to undertake a stock check, date check and 'top up', and screen newly initiated medicines and alterations to existing medicines. Pharmacy staff also completed medicines reconciliation for children and young people admitted from another setting. All nursing and care staff we spoke with had a very positive view of the pharmacy staff and service provision. Since in place, the supply chain had significantly improved, the visibility of pharmacy

staff and advice they provided was good. This was evidenced in the level of detail seen in the drug charts and the supporting information provided.

- Fridge temperature monitoring was in accordance with protocols, records were in place and temperatures were in range. Staff were aware of actions required when falling out of range such as maintenance check and reporting to pharmacy.
- Self-administration was not undertaken due to the complex needs of the children, although parents were encouraged to be involved in undertaking administration, with the additional benefit that this prepared parents for discharge home where appropriate. Nurses completed parental training and competency assessments, which were evidenced in children and young people's records.
- In the event of an emergency transfer, each child and young person had an emergency transfer note which detailed the child or young person's medicines, and was updated immediately of any changes. The transfer note accompanied a copy of the drug chart and ensured that emergency clinicians had the relevant information required to safely respond to children or young person's needs.

Preventing and controlling infection

- Parents told us the house was cleaned to a very high standard. They said, "The cleaner was always there, all morning, the only thing I would do is use the laundry facilities to wash [my child's] clothes" and "Everywhere, including my child's room was super clean, the curtains are washed and the toilets spotless."
- All premises and equipment that we checked were spotless and free from malodour. There were cleaners in children and young people's rooms and communal areas of the houses to maintain the hygiene standards. Hand sanitisers were located on the entrances of the units and signs displayed the importance of hand hygiene. Clinical waste was disposed of appropriately in closed waste bins and there were child and young person friendly stickers on waste disposal bins to show them the importance of maintaining a clean environment. Sharps bins were dated and closed to reduce the risk of needle stick injuries. Personal protective equipment (PPE) such as gloves and aprons were available for staff to use when carrying out personal care to protect children and young people and staff from the risk of infection.
- There was a designated infection prevention and control (IPC) lead who reviewed and actioned the outcomes from an IPC audit that was carried out by Surrey and Sussex Healthcare NHS Trust. The IPC lead carried out 'walk arounds' in the houses to ensure that staff were adhering to infection control procedures and standards. A comprehensive audit was carried out in December 2019 on infection control to show if the premises and equipment were clean and free from debris and dust. In two houses, the audit highlighted that the cleaning of equipment was not being documented appropriately. Furthermore, we observed that equipment was clean in both units, yet there were gaps in recording. There was an action plan to improve the standard of IPC record keeping.
- The Children's Trust involved children, young people and their families in identifying and managing risks relating to IPC and promoted an awareness of this. The IPC lead explained they had received referrals for children and young people with resistant and highly infectious illnesses and had developed protocols of treatment and prevention of cross contamination. 'Tops Tips' leaflets were produced and shared with parents as guidance, for example, to wash bedding at high temperatures and to place soiled items in colour coded bags to reduce the risk of contamination and maintain safe infection control at home.

Learning lessons when things go wrong

- There was an open and transparent culture amongst staff and leaders to identify, report and learn from incidents and near misses. Incident reports were detailed, and investigations were thorough with clear analysis and action planning as a result.
- Lessons learned were shared with all staff and houses meetings, team away days and a monthly governance blog on the intranet. A tracker was in place to monitor when actions were completed and by whom. This demonstrated a commitment for staff and leaders to continually improve and make the service

as safe as possible for children and young people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that children and young people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Children and young people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Assessing children and young people's needs and choices; delivering care in line with standards, guidance and the law

- Every child and young person had a multi-disciplinary team (MDT) of health professionals allocated to provide their care. MDTs included doctors, nurses, therapists, CSAs and a psychologist. They were committed to working collaboratively and had found efficient ways to deliver more joined-up care and support to children, young people and their families. A young person told us, "The physical part is brilliant, I am only here for a few more weeks but they performed miracles." A parent told us that the health practitioners' input was invaluable and said, "The physio and occupational therapist were [their child's] favourite, first the walking then she started riding a bike. The doctor helped with the treatment and you could see the improvement in her movements. By the time we left she was nearly able to run. You could see the progress was so fast."
- Children and young people had their holistic needs comprehensively assessed by skilled and experienced staff in accordance with best practice. Assessments commenced prior to admission; they were holistic and informed a detailed care plan. The effectiveness of the assessments was evident in the visible progress children and young people made in the recovery.
- Staff encouraged and empowered children and young people with their physical health needs with the use of a variety of equipment such as children's treadmills, to aid their motor skills and increase their independence with effective support from the rest of the MDT.

Staff support: induction, training, skills and experience

- Children and young people were supported by staff who had the knowledge and skills required to meet their needs. One parent told us, "The staff are very well trained, particularly the nurses, they are fantastic."
- There was a comprehensive induction programme completed by all staff when they began working in the service, which included a review of policies and procedures, tour of the service, safeguarding children level one and training around obtaining consent. Human resources (HR) had oversight of the mandatory training all staff had completed, and this was up to date. Mandatory training was completed by all staff on topics such as health and safety, fire safety, governance and data protection, food safety, resuscitation, manual handling and IPC. Evidence demonstrated a mandatory training compliance rate of at least 85% for each individual training topic.
- HR told us that clinicians held individual training logs in each house in relation to the clinical aspects of training that staff had completed. They recognised there was a need to amalgamate mandatory and clinical training into a centralised system to ensure that all expired training was flagged and could be monitored in one central place.
- The service supported CSAs to complete the level three diploma for the Children and Young People's

Workforce qualification (RQF) aimed at staff who were working with children from birth up to 19 years. An RQF assessor worked on site to evaluate staff performance to make certain that staff could demonstrate their performance and competencies for their role.

- Staff training was developed and delivered around children and young people's individual needs. There was a clinical education team (CET) which comprised of health practitioners who provided regular training and development days for CSAs to expand their clinical skills and ensure they were competent to carry out clinical tasks that was reflective of children and young people's needs. Nurses provided dedicated training days for the CSAs which included administering medication, basic life support, intravenous practice, oral feeding and choking, early sepsis, epilepsy management and Clinical Emergency Response System (CERS) to respond to children and young people's medical emergencies. Therapists developed a comprehensive programme of training for CSAs and nurses comprising of oral dysphagia and 24-hour postural management. This meant that training was tailored to meet the needs of children and young people in the service.
- Nurses' training records were held on a centralised database in each house which included completion and expiration dates. They completed competency-based training such as tracheostomy care, ventilator management, non-invasive ventilation, oral suction, cough assist, oxygen therapy and trilogy ventilation. A nurse explained that it was the nurse's responsibility however, to monitor when training was due to expire as IT systems did not support automatic updating and hindered effective oversight.
- Nurses told us they had lots of opportunity to develop in leadership roles. We saw how three nurses had been supported with post-graduate study. However, nurses explained they had to seek out and find their own continual professional development (CPD) to expand their knowledge and develop their clinical skills. Training was effective, yet it was often reactive according to emerging need rather than proactive.
- Therapists had received a range of external training opportunities and conferences. This meant they were better able to support children and young people with complex disabilities improve and manage their social and emotional well-being, physical and mental health needs. Therapist also told us they have access to effective internal CPD opportunities. This meant that therapists were continually updating and increasing their skills to better meet the needs of children and young people.

Supporting children and young people to eat and drink enough to maintain a balanced diet

- Children and young people had access to a varied menu of nutritionally balanced foods. Consideration was given to those on restricted and/or special diets as well as those with culturally sensitive dietary needs such as Halal.
- Children and young people with swallowing difficulties were supported to ensure they too received a nutritionally balanced diet. The recent commission of an external company, in consultation with children and young people, now ensures that children and young people who require a pureed diet of varying consistencies, were able to enjoy pureed food that was formed to resemble a normal meal.

Staff working with other agencies to provide consistent, effective, timely care

- The Children's Trust had a comprehensive understanding of the needs of children and young people when they return home or transfer into adult services, which families and commissioners both valued. We saw examples of good liaison which a range of external professionals including schools, to promote a smooth transition. Children, young people and their families were closely involved in discharge planning to meet individual needs. Planning for transition began before admission. One parent told us about the holistic approach by staff and said, "Honestly you get scared about leaving as you depend on the support, but the best thing was that when my child went back to a mainstream school she had a good hand over." This meant there was an increased likelihood that children and young people continued to have their needs met after leaving The Children's Trust.

- We saw how the MDT working with each child and young person included external professionals when required. Specialist staff from NHS Trusts for example, contributed to the assessment, planning and monitoring of care and intervention and this strong joint working promoted the best outcomes for children and young people.
- Staff at The Children's Trust contributed effectively to multi-agency safeguarding processes. The in-house social work team liaised closely with named local authority social workers and attended meetings when appropriate. This supported all staff to have a full picture of the child or young person's holistic needs and plan care accordingly.

Adapting service, design, decoration to meet children's needs

- Children and young people's sensory needs were fully considered with dedicated sensory rooms as well as quiet areas, and the option to dim lighting. This meant those with sensory processing needs were able to participate in activities in an environment suitable for them.
- Adaptations were made with information displayed in the houses in response to feedback and recommendations from children and young people. For example, child and young person friendly visual imagery such as posters were moved to wheelchair height.
- Children and young people decorated their own bedrooms to suit their tastes. We saw how there were pictures and posters on the walls to make the bedrooms more personal to the individual, to make their stay as pleasant and homely as possible.

Supporting children and young people to live healthier lives, access healthcare services and support

- Children and young people receiving intensive rehabilitation at The Children's Trust were supported by excellent staff who were committed supporting achievement and success. The progress children and young people made was visible. One young person told us they could not talk, walk, eat or drink following their injury. With support from a physiotherapist, speech and language therapist and an occupational therapist, as well as the nurses and CSAs, within one month they were fully walking, talking and eating.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Young people over the age of 16-years can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Three young people were authorised for restrictions under the DoLS to allow continual supervision with one-to-one care, 24-hours a day, from members of the staff team specific needs. There were a further six applications awaiting approval by the placing local authorities. Records we checked showed there were clear tools used to document how mental capacity was assessed and best interest decisions were made with young people.
- Staff we spoke with had a good understanding of Gillick Competence, which is a term used to determine whether a child or young person under 16-years has sufficient maturity and understanding to consent to their own treatment and care. Staff understood the importance of obtaining consent from children and young people, and parental responsibility. In one child's record we found the child had been assessed as having limited understanding due to their disability and decisions were made by their parents about the treatment and care they received. We saw that staff asked children and young people's consent before

carrying out any aspect of care and parents had been involved in any decision making on behalf of their child, where appropriate.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved children and young people, and treated them with compassion, kindness, dignity and respect.

Children and young people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring children and young people are well treated and supported; respecting equality and diversity; Supporting children and young people to express their views and be involved in making decisions about their care

- Staff were exceptionally committed, dedicated, professional and respectful. We observed therapy, support, care and intervention provided by extremely kind and caring staff, who were very passionate about the work they did to support children and young people to lead fulfilling lives.
- One young person told us they enjoyed working with staff because they cared and helped them when needed. A parent said that they had told everyone about the amazing experiences during their child's journey at The Children's Trust and although the accident had been the worst time, staff had helped their child's recovery.
- Conversations with children and young people were kind, respectful and appropriate, and explanations were provided when needed. Staff offered children choices and they were encouraged to express their wishes and feelings. Children and young people were included in all discussions with staff whenever they were present, they were given time to reply in their own way. Staff understood the requests of children and young people who found it difficult to verbally communicate. When asked, staff members knew how children and young people communicated different feelings such as being unhappy or in pain so that they were able to respond to these.

Respecting and promoting children and young people's privacy, dignity and independence

- Staff had worked very hard to provide a welcoming and homely environment that was non-restrictive. The houses were spacious, warm and signs displayed in the communal areas were in a child friendly format, so children and young people could understand the information presented to them.
- Children, young people and their families were given space and privacy when this was needed. A parent explained that when their child wished to be on their own, staff always gave them the space to do this. We observed that before entering a child's room, staff knocked on the door and waited before being granted permission to enter. Parents told us that their children and young people's dignity was always respected when helping them with washing and dressing including ensuring that doors and curtains were always closed.
- Children and young people were supported to be as independent as possible. One young person told us they really enjoyed the school, gym and hydrotherapy pool and had been given their own key card to access the door where they attended rehab. The young person told us this felt good, as it made them feel very independent.
- Children and young people were encouraged and supported by staff to build friendships with their peers, which supported their emotional well-being during their rehabilitation at The Children's Trust.

- Children and young people's parents and carers were made to feel welcome by staff who understood the anxieties they faced. They told us they could spend time with their children and young people without restriction. One parent told us they had made life-long friends with other parents visiting the service and developed good relationships with staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met children and young people's needs.

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure children and young people have choice and control and to meet their needs and preferences

- The rehabilitation therapy team were utilising a range of technologies to support the delivery of high-quality care to enhance their skills and abilities and promote independence. Developments included virtual reality gaming for children and young people with disabilities and acquired brain injury to encourage the development of specific movements. The team were trialling an altered gravity treadmill which enhanced mobility by reducing body weight. Further technological advancements were planned with support from external agencies.
- Parents told us they were involved in their children's care planning. One parent told us, "I had the chance to add to the care plan, if little things were missing I would be able to add what I thought was needed. Even if the care plan was done when I wasn't there staff would always ask me to help complete them". Another parent we spoke with explained they could see how comfortable their child was with the staff.
- Care plans were child-centred and were written from the child or young person's perspective. Voice of the child was very strong throughout the assessments and plans that we reviewed. They contained information about children and young people's diagnoses, the care, treatment and support they required, and the skills that staff needed to effectively support children and young people, and meet their needs. We saw pictorial information about how to move and position children and young people safely in their equipment, what type of foods they preferred, their rehabilitation needs and how they like to spend their day. A staff member told us, because they know children and young people well they were able to predict the type of behaviours children and young people presented with, when they experienced positive and negative symptoms due to their acquired brain injury. They were aware of what the signs and triggers would be and how to act on these in line with children and young people's positive behaviour support plans.
- We observed an MDT meeting, this was responsive in planning for the child's behavioural needs and reviewing their positive behaviour support plan. Discussion took place about the child's holistic needs, what support they currently had in place and how this could be strengthened. The meeting concluded with a clear plan of action and with training arranged for staff to understand the use of 'soft toy' training. This meant that the ongoing care for this child was provided by skilled practitioners, was child-focused and individualised to their specific needs.
- The social work team were instrumental in supporting children, young people and their families with their welfare rights. A social worker had undertaken a project to help families understand the welfare rights system and gave key advice about welfare reforms and what children, young people and adults were entitled to. One parent told us this had helped them to get the right support and said, "The social worker really involved me in terms of finances as I did not know what direction to take and the benefits I could access. When I arrived from the hospital the social worker went through all the papers with me and helped me fill out what I could. The physio included their assessment in the report and we now have access to the

finances that my child needs."

Meeting children and young people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service has taken innovative steps to meet children and young people's information and communication needs over and above complying with the Accessible Information Standard. We saw there was a tool that was co-produced by health professionals and young people to help them understand the brain and brain injury. This comprised of the child or young person's journey written in an easy read and pictorial format and showed how they had become unwell and what would help them to get better.
- An increasing number of staff were trained in tactile signing, to communicate with children and young people who are both visually and hearing impaired, through touch. Makaton was also used to communicate with children and young people with learning disabilities, cognitive impairments and autism. This meant that with children and young people with complex needs had the barrier of communication reduced and were empowered to understand what was happening to them.

Supporting children and young people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Arrangements for social activities were innovative to meet children and young people's individual needs, so they could live as full a life as possible. Care records clearly identified children and young people's hobbies and interests. The home provided a range of activities and outings for children and young people to try, sometimes for the first time. There were weekly evening groups offered across The Children's Trust with a full timetable of the events for children and young people in each of the houses. Children and young people participated in sessions such as music makers, gaming club, quiz night, glitter group, film night, story time, bake off and 'giggle Drs', tennis and dance. This gave children and young people new experiences and prevented their disabilities from being a barrier.
- During our inspection we saw that children and young people were actively engaged in these groups as well as their rehabilitation and school sessions. A parent told us, "My child was involved in so many trips and outings and developed interests in things [they] had never tried before. Staff would take [them] horse riding and [they] passed a horse-riding exam, it was [their] favourite thing to do. The best thing ever for my child was that we went on an outing every week and the change of scenery for [them] was amazing. We went to pick fresh fruit and flowers to use as fresh ingredients for cooking sessions." Another parent told us that when they attended the science museum, their children who did not use the service were invited to come along; although they travelled separately and the children who used the service were the staff's priority, they were treated as one big group.

Improving care quality in response to complaints or concerns

- The Children's Trust had a strong process for seeking, responding to, and making improvements from; feedback, complaints and compliments. Information on how to raise issues was visible and accessible throughout all seven houses. Investigations and root cause analyses were detailed and thorough, and sensitive to the needs of children, young people and their families. Actions were tracked and monitored with clear responsibility and accountability frameworks. We saw examples when people had made complaints, they expressed their views and had their voices heard. We saw how the thoughts, feelings and wishes of children and young people, initiated change. For example, one young person complained that they were unable to use the music studio which they enjoyed, because the staff in their house did not have access. This was quickly rectified, and training was provided to all staff in the house on safely accessing and using

the studio.

End of life care and support

- At the time of the inspection there were no children or young people receiving end of life care. There were advanced care plans in place for some children and young people, which clearly identified the required action in the event of cardiac arrest. All advanced care plans were child-centred, completed with and informed by, the wishes and feelings of the children, young people and their families.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, child-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, child-centred care and continual improvement.

Promoting a positive culture that is child-centred, open, inclusive and empowering, which achieves good outcomes for children and young people

- We saw many examples where children and young people were at the heart of everything. We saw positive interactions between children, young people and staff at all levels. We saw strong evidence of children and young people achieving exceptional outcomes.
- Staff told us they felt well supported by leaders at different levels and felt confident in raising concerns. Senior leaders were highly visible and available to staff through 'visible leadership', with senior leaders 'walking around' each of the houses every month. The bi-annual staff survey completed in 2019 showed positive results with a high response rate and most staff trusting that the senior leadership team to work in the best interests of The Children's Trust.
- Formal supervision was offered with an expectation that it was regularly accessed and recorded in the providers' 'contract and record of supervision booklet'. However, we found there were gaps in the recording of supervision for both nurses and CSAs. For example, a nurse's record showed they had one supervision in November 2018 and one in September 2019. Additionally, we found that supervision templates were not completed, so we could not determine the quality of supervision received. One nurse stated they had informal and formal supervision but recognised that nurses had to be better at recording this to ensure that staff had the right skills and competence to provide a high level of care to children and young people, and support to their carers. Leaders recognised they had further work to do to improve the value practitioners placed on supervision and increase its uptake and impact for children and young people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance structures, accountability frameworks and monitoring of quality and improvement was strong and well-embedded throughout the service. Staff and leaders at both strategic and operational levels regularly asked themselves, and each other, the five key questions about whether their service was safe, effective, caring, responsive and well-led. We saw good evidence of challenge and seeking assurance to maintain excellence and continually improve.
- Performance management processes were supportive and clear. We saw how staff received constructive feedback on their performance and had the opportunity to feedback themselves. This meant that children and young people were supported by a workforce of staff who understood their roles within the service and how they could contribute to improving outcomes.
- The standard of record keeping was variable across all aspects of The Children's Trust, it was just compliant with the minimum standard requirements. For example, care records did not always fully reflect the exceptional care the children and young people were observed to have received. Training records were

fragmented, and it was difficult for leaders to maintain oversight over what training staff had received as different types of training was recorded and stored in different places. Also, supervision records did not consistently reflect when supervision sessions had taken place or what was discussed. This restricted leaders from having a complete understanding of the needs of children, young people and staff in the service. The Children's Trust are in the process of transferring to electronic records, which will address enhance further improvement.

Recommendation: The service should ensure that all staff maintain complete, holistic and robust records that clearly articulate, and are fully reflective of, activity completed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Children and young people were at the heart of everything at The Children's Trust. They were involved in the recruitment of staff, including the recently appointed registered manager and nominated individual where their views were integral.
- Young people formed part of the young person's participation group and were actively involved in promoting improvement and excellence. Young people have carried out inspections of The Children's Trust and made recommendations which have resulted in changes made.
- There was a clear vision for further development with each team having ownership and responsibility of improvements required for their area.
- The Children's Trust carefully considered the diverse needs of children and young people using the service. Young people were supported with their identity and sexual health needs by a dedicated youth worker and guidance from a sexual health policy. Furthermore, one parent provided staff with a learning session to raise their awareness of specific cultural needs. This was welcomed by the staff and improved cultural understanding for the child and their family.

Continuous learning and improving care

- The service demonstrated well how they strived for continual improvement. They had a comprehensive audit plan which included external as well as internal audits. Areas regularly audited included clinical, medical and psychosocial audits including safeguarding, supervision, care plans and medicines management. Audits were generally very effective in driving progress. Medicines audits however, were not always effective in highlighting areas for improvement, such as oxygen storage and person-centred PRN protocols.
- We saw significant evidence demonstrating the strong culture of learning and how well the service learned from feedback, complaints, and incidents. Feedback from children, young people and their families was actively sought, including through the young person's participation group and the friends and family test (FFT). We saw how staff and leaders were proud of the excellent care they provided to children and were keen to identify how they could do even better. The quality improvement lead was developing an adapted version of the FFT specifically for children and young people to complete, which will be in place by April 2020. This will give children and young people another opportunity to have their voices heard.

Working in partnership with others

- The Children's Trust worked in partnership with external organisations and had contributed to new research and development to make sure staff were trained to follow best practice. Health practitioners had facilitated and produced several presentations with external partners based on clinical research and practice. In 2019, this included presentations on promoting the psychological well-being and the long-term outcomes of children and young people with severe acquired brain injury – a systems approach to inpatient neuro-rehabilitation.
- The service had a systematic approach to working with other organisations to improve care outcomes.

The IPC lead was working jointly with the NHS and the Royal college of Nursing (RCN) to develop new procedures for cleaning toys and instruments in community settings after consultation with the staff team. There was no current or clear guidance on these procedures in relation to the cleaning products to be used to clean toys and how often this should be done.

- The service developed education packs for schools, including a 'pathway for return to school'. We also saw how ongoing liaison better prepared the child, young person, family and school for the future with an acquired brain injury. This information and support empowered the education staff to effectively support the child, young person and their peers, as they returned to their school environment.
- We saw how the service worked in partnership with external bodies to improve outcomes for children and young people. For example, the head of psychosocial services was part of the National Acquired Brain Injury Syndicate (NABIS) contributing to the development of national best practice guidance. This supported The Children's Trust to ensure they always supported children and young people in accordance with best practice.
- The Children's Trust have maintained CHKS accreditation, which involves external monitoring, benchmarking and quality assurance to support continual improvement and excellence in the services provided to children and young people.