The Children's Trust

The Children's Trust - Tadworth

Inspection report

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Date of inspection visit:
20 September 2016
21 September 2016
27 September 2016

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

This inspection took place on 20, 21 and 27 September 2016 and was unannounced on the first day. The service was last inspected in January 2014 and at that time was meeting all the regulations we looked at.

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.

The Children's Trust Tadworth is a charity that works with children and young people who as a result of an acquired brain injury have multiple disabilities and complex health needs. They offer a range of services which include rehabilitation for children and young people and respite care which is accessed via the child's local authority. They also offer rehabilitation for children who have long term disorders of consciousness and attend The Children's Trust School.

The Children's Trust offers an online information hub which includes education and advice concerning aspects of caring for children with acquired brain injuries. This service is a national resource and openly accessible to people and professionals in the community. Additionally there are two support teams, one based in the community and the other based in key NHS hospitals across the country offering advice and support within their local geographical areas.

There is also an onsite school providing education to children and young people. The school is regulated by Ofsted (the regulator for education and children services).

The Children's Trust offers accommodation for children and young people within seven units/houses. For those children for whom The Children's Trust is effectively their permanent home, three houses are registered jointly with Ofsted. The remaining four houses are registered with only the Care Quality Commission (CQC) as the children have limited stays albeit with high medical needs. This inspection was conducted at the same time as Ofsted, but ran in parallel as the purpose and role of each regulator is different.

At the time of the inspection The Children's Trust there were 49 out of a maximum of 77 children or young people accommodated at the service in Tadworth. Because of difficulties associated with finding suitable alternative placements for young people older than 18 years within their home local authorities, a number of young adults were accommodated by The Children's Trust between the ages of 18 and 23.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Whilst we acknowledge the large volume of medicines administered safely by the service on a daily basis, there were some areas of concern. Refrigerator temperatures for the storage of some medicines did not include a maximum and minimum measurements. This meant we could not be sure medicines were stored correctly. Also a dose of a medicine dispensed and labelled for one child was administered to another child under the supervision of a doctor.

The Children's Trust maintains dual records for children and young people, either as paper records or computer based. This dual system sometimes led to incomplete information which meant current and up to date information about children was not always available. We found some daily records were not always contemporaneous, and on occasions therapists updated care plans but had not always signed or dated them so it was unclear when or who had updated them.

We identified two breaches of the Health and Social Care (Regulated Activities) Regulations 2014 during our inspection. You can see what action we told the provider to take at the back of the full version of this report.

People we spoke with were positive about the care and support they and their children received from The Children's Trust. Staff were knowledgeable about the children and young people they supported. Levels of staffing were sufficient to ensure the needs of children and young people were met.

Staff received extensive training which was refreshed regularly. They were supported by team meetings and one to one supervision meetings, so they could reflect on their practice and consider their professional development. There were recruitment procedures in place to make sure only suitable staff and volunteers were recruited into post.

The Children's Trust employed a range of healthcare professionals which meant children's and young people's needs were assessed and met promptly. Children and young people also had access to community healthcare professionals as and when they needed them. Their nutritional needs were assessed and monitored closely so these were met.

The service worked collaboratively with professionals in the child's home local authority to ensure that suitable alternative placements were located closer to where they lived. The staff also worked with health and social care professionals to consider transitional arrangements from children to adult services.

Staff used a variety of communication methods to ascertain the views of children and young people they worked with. Where this was not possible they worked with parents to consider best options. The service worked within the framework of the Mental Capacity Act 2005 to ensure they protected the rights of young people.

Children and young people received personalised care and support in line with their wishes and that of their parents. There were many practical measures in place to assist families in caring for their children as well as advice and support.

Managers were open and transparent. They encouraged people to comment on the quality of the service. There were a number of audits and governance systems in place. There was learning from accidents and incidents. In this way, the provider was continually monitoring the quality of the service and looking at ways to identify improvements.

People told us they felt The Children's Trust was a safe place. Staff knew what action to take if they thought children and young people were at risk of abuse or harm. Risks to health and safety were assessed and

strategies put in place to minimise them. There were regular maintenance and safety checks of the premises. The provider also had appropriate arrangements to ensure risks from the spread of infection were minimised.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

The service was not always safe. The storage and administration of medicines meant children and young people were at risk of receiving medicines that were not stored correctly or not receiving medicines as prescribed.

Parents told us they felt their children were safe. All staff had received safeguarding children at risk training which was refreshed regularly.

The premises were clean and hygienic. Regular audits were undertaken to ensure they remained safe. There were adequate plans in place to deal with foreseeable emergencies.

New staff and volunteers were appropriately checked to ensure they were suitable to provide care. There were enough staff to meet children's and young people's needs.

Assessments were undertaken to minimise risks to children. Accidents and incidents were carefully reviewed to minimise the possibility of re-occurrences.

Is the service effective?

Inspected but not rated

The service was effective. Staff received an intensive induction programme and had regular refresher training to make sure their skills were maintained. Staff received regular support through meetings and supervision to help ensure their work was in line with best practice.

The Children's Trust maintained a suitable environment with an extensive range of specialist equipment for children with disabilities.

The provider was aware of their responsibilities under the Mental Capacity Act 2005. As far as possible, staff sought children and young people's consent prior to providing care. This included using a range of communication methods to assist them in understanding young people's wishes.

Children and young people had their health needs met by onsite

professionals employed by the service or through the NHS.

Is the service caring?

Inspected but not rated

The service was caring. Parents were involved in caring for their children. There was a range of on-site accommodation for families to assist them with this. The service also provided a range of information and advice to support parents.

The Children's Trust provided a diverse service and catered for children and young people of different religious and cultural needs. Staff were knowledgeable about the children and young people they cared for and could meet their diverse needs.

The provider could offer end of life care if it became necessary.

Is the service responsive?

Inspected but not rated

The service was responsive. Care was personalised with each child and young person having their own individual timetable.

People told us they were able to raise issues and concerns and felt their views would be listened to and acted upon.

The Children's Trust worked with the child's home local authority to ensure smooth transfer between services. They also worked with Social Services and Education departments of various local authorities to consider transitional arrangements for young people from the age of 14 years, to adult services.

Is the service well-led?

Inspected but not rated

The service was not always well-led. The use of paper and computer records meant information was sometimes missing, inaccurate and not always up to date.

There was an open and transparent culture within the service. People spoke highly of managers and felt able to express their views.

The service had links with the local community and worked with other professionals to achieve the best outcomes for children and young people.

There were systems in place for monitoring the quality of the service to ensure continuous improvements.

The Children's Trust - Tadworth

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20, 21 and 27 September 2016 and was unannounced on the first day. The inspection team consisted of a lead inspector, a specialist physiotherapist advisor with experience of neurology (disorders of the nerves including the brain) and a CQC pharmacy inspector.

Prior to the inspection we reviewed the information we held about the service, including the statutory notifications we had received from the Children's Trust. Statutory notifications are notifications that the provider has to send to the CQC by law about key events that occur at the service.

During our inspection we spoke with two children, nine parents and another relative. We also spoke with 15 members of staff, which included a domestic assistant, administrators, care workers, nurses, therapists and the registered manager. After the inspection we received additional feedback from Guildford and Waverley Clinical Commission Group (CCG) and a consultant from Epsom and St Helier Trust.

We looked at 11 plans which related to the care provided to children and young people, files for five members of staff which included a volunteer and an agency member of staff and medicines records for six children. We also looked at records relating to the overall management of the service and governance. We undertook general observations of the service and also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who cannot talk with us.

Inspected but not rated

Is the service safe?

Our findings

We received many positive comments about the service from parents which included, "I'm happy leaving him [their son] here. I know he's going to be safe." Another said "I know she's [their daughter] safe here." Whilst another parent told us, "He's three years old and so well looked after. I feel confident to leave him here."

Notwithstanding the above, we found that children and young people were not always protected against the risks that can arise if medicines were not managed safely. We found that although medicines were stored securely including emergency medicines and oxygen, temperature records of refrigerators used to store medicines and vaccines, did not include maximum and minimum measurements. This meant we could not be sure that people's medicines had been kept at the correct temperature and were fit for use. We also found a vaccine in a refrigerator which was out of date.

We reviewed six prescription and medicines administration Charts. These were generally completed appropriately. However, on the day of the inspection we found one example where an item written on the prescription chart, intended to be administered as a single dose had not been administered to a child. This had not been identified by staff. We were also told by staff and we saw that a medicine prescribed for one child had been used for other children under the supervision of a doctor. The service acknowledged this was because they did not have an adequate stock of medicine available.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

The care plans we looked at included clear and detailed protocols about how to administer medicines to children and young people for the management of a range of medical conditions. This included personalised information on pain assessment for each child so staff were clear on how to give them their pain medicines. Staff received annual training on medicines. Checks had been undertaken to ensure staff were competent to administer medicines safely.

Effective systems were in place to record medicines errors. Records showed detailed analysis had been undertaken after each error. Outcomes and learning points were shared with staff. We saw changes were made as a result of previous errors and filtered through to everyday practice to reduce the risk of reoccurrence. Regular audits had been undertaken on medicines. Action plans were completed and reviewed on at least a monthly basis to facilitate improvements in practices relating to medicines.

Children and young people were protected from the risk of abuse. Staff received safeguarding children and young people at risk training which was refreshed annually. Safeguarding training has nationally recognised levels ranging from Level 1 which gives people basic knowledge about the types of abuse and how to respond, to Level 3 aimed at managers who have responsibility to refer any concerns to responsible authorities. The registered manager told us they had an expectation that shift leaders should all receive training to at least Level 2. However, this had not been possible recently as they had recruited new staff into

the organisation that were still waiting to attend courses. In the interim, experienced staff were available to shift leaders for any queries or concerns.

Staff we spoke with, including the cleaning staff all knew what action they would take if they suspected any child or young person was at risk of harm. The provider employed a number of social workers, one of whom had responsibility for child protection, and they were available for advice when necessary. The social worker was able to tell us about the audits they had undertaken to ensure they were complying with policies and procedures, and the discussions they had within team meetings after concerns were raised so they could improve their practice. The social worker also had links with Surrey safeguarding board and the Local Authority Designated Officer (LADO) to ensure they complied with best practice.

There were suitable health and safety arrangements in place. The provider had a fire risk assessment and personal emergency evacuation plans (PEEP) for each person using the service in place. Staff knew what action they should take in the event of a fire. Equipment was serviced and checked in line with manufacturer's guidelines and items such as medical gases were monitored by external suppliers. We were told by the health and safety manager that because of the size and layout of the Children's Trust, a member of their staff conducted a rolling programme of weekly Legionella and water temperature checks. In addition to the internal audits, the provider also employed an external company to annually check the provider continued to comply with legislation, the most recent audit was in May 2016.

The premises were clean and hygienic throughout. We observed cleaning staff working throughout the day, they had a good understanding of their responsibilities in line with infection control. We saw all staff regularly use hand gel which was available in each building and within the units. Staff wore personal protective equipment (PPE) as required. As part of the providers' induction programme all staff attended a health and safety and infection control course. The service also produced a leaflet called, 'Preventing the Spread of Infection' which was readily available throughout the buildings.

The provider's recruitment process had been improved following a recent internal audit. We saw staff and volunteers had always been recruited following pre-employment checks regarding their suitability. These included proof of identity and address, two references and Disclosure and Barring Service (DBS) checks. It was the provider's policy that DBS checks would be renewed every three years in line with recognised best practice. Nurses' registration with the Nursing and Midwifery Council (NMC) was also checked to ensure that they remained registered to practise. The internal audit identified some older files did not contain all the information expected to confirm people's suitably for employment or to volunteer. This included application forms and notes from interview were sometimes missing, and there were some gaps in employment history which appeared not to have been fully explored with the individual. Some of the recent audited files still had some omissions. We spoke with the Human Resources manager who assured us, where possible they would gather this additional information retrospectively.

The provider had a policy that pre-employment checks would be completed for trustees of the service, volunteers were appropriate and family members of staff where the staff lived on site with their families. An issue arose of the day of the inspection regarding an independent visitor (a requirement of Ofsted) employed via an agency. The registered manager told us the independent visitor was accompanied at all times whilst on the premises. However the provider did not have copies of the individuals' references or the DBS to satisfy themselves about the suitability of the visitor. The registered manager told us they would obtain all relevant documentation from the agency.

We saw there were enough staff on duty to meet the needs of children and young people. On one unit for example, there were six members of staff during the day for seven children. We checked staff rotas chosen at

random and saw the staffing remained at this level. The provider used their own bank staff on occasions and once in the last month used an agency member of staff to cover shortages of staff. Parents confirmed there were enough staff on duty and one said, "Nothing is too much, even if it's home time (end of the shift for staff), they'll sit and listen." We were told staffing numbers were determined by the children's and young people's needs and if necessary could be increased if there was a particular activity arranged, for example, if children were going out. We were told by one of the unit managers that staff could work across units if necessary, however they minimised this so children had consistency of care.

The provider managed risks appropriately. There were assessments in place to identify possible risks such as the developing pressure ulcers. There was scoring systems which identified the level of risk before and after measures were put in place to mitigate against the risk. We saw assessments were sometimes contained within the care plan. For example, within a nutritional plan there was advice about risk factors as well as information supporting the young person to eat and drink.

We saw if there were accidents and incidents, the provider took measures to reduce the risk of reoccurrences. For example, the use of red tabards for nurses whilst they administered medicines, as a way of indicating to other staff they should not be disturbed. The managers reviewed all incidents on an ongoing basis, then monthly, and finally reported to the Clinical Governance Board quarterly. In this way, the provider was identifying any possible trends or patterns in relation to incidents and accidents and taking action when necessary to prevent these.

Inspected but not rated

Is the service effective?

Our findings

People were supported by staff who had the skills and experience to care for them. There was a comprehensive training programme in place for all staff. The registered manager told us about the training considered mandatory by the provider which included an induction, health and safety, moving and handling, infection control and safeguarding children and young people. Staff told us induction training was extensive and covered areas such as communication, disability awareness and record keeping, this was confirmed when we looked at training records. A number of staff commented on the training and one member of staff summed it up when they told us, "The training is very, very good and they are on the ball, if you feel you need any training they put you on it straight away."

The registered manager was able to show us a record of all the training undertaken by staff. We saw for clinical aspects of care, training levels were over 90%, and we were told if a figure for any topic of training was below 75% it flagged up as requiring action. We saw the provider had also introduced a way of learning for care staff called 'Bitesize' where staff were required to attend half an hour sessions based on particular topics such as Mental Capacity training. We saw a rolling programme had been introduced in April and was ongoing. The registered manager told us, 'Bitesize' was popular with staff as it focused on actual day to day care. Staff additionally had access to opportunities to extend their existing knowledge and were encouraged to attend external courses that may be relevant to their roles.

Staff were supported by their managers through one to one meetings. This gave an opportunity for staff to reflect on their practise and their future development. We saw there was an expectation for staff to meet with their line managers at least monthly. New staff had weekly meetings until they were accustomed to their roles and responsibilities.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The MCA applies to people aged 16 and over who are unable to make all or some decisions for themselves. We checked whether the service was working within the principles of the MCA. Staff we talked with had all received MCA training as part of their mandatory training, and were able to tell us how they supported young people to make decisions for themselves.

People 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. We saw the provider had contacted the local authority about young people over the age of 18 who might have been deprived of their liberty. Where contacts had been made to the relevant local authority they were still awaiting for assessments to be completed. The provider regularly contacted the local authorities to follow up this issue. They had also sought legal advice to clarify they were acting within the legal framework of the MCA. We consider the provider was taking reasonable measures to meet the requirements of the MCA.

Staff sought consent from children and young people before providing care. If they were unable to give consent, staff knew when to involve parents in making decisions. Staff were knowledgeable about how individual children communicated which included non-verbal communication through body language and facial expressions. Within each young person's care plan there was a section for communication, which often included advice from a speech and language therapist. In one example we saw there were specific guidelines about the use of photographs to give the young person choice.

We heard a positive interaction where a young person was coughing whilst being supported to eat. The member of staff started with, "Do you think it's a good idea to have any more" and when it was clear the young person wanted to carry on eating whist still coughing, the staff member said, "Best not to have anymore and I'm going to pat you on your back now." During this interaction the member of staff demonstrated knowledge about the young person, gave them choice and sought their consent before providing care.

There was an emphasis on ensuring children and young people were receiving suitable nutrition. We saw care plans contained a Screening Tool for the Assessment of Malnutrition in Paediatrics (STAMP) which is a recognised tool used for hospitalised children. Any contact with a dietitian was clearly recorded and the height and weight of children was monitored to make sure they stayed within normal ranges. If children were able to eat, there was clear information about how they should be supported including the most suitable and safe eating position and the texture and consistency of food. There were also clear records of the amount of food and drink consumed. Some children and young people were fed through percutaneous endoscopic gastrostomy (PEG) feeding, which is a tube directly into the stomach to give the person nutrition. Staff were trained to manage the protocols and procedures associated with PEG feeding.

Parents were able to prepare meals for themselves or for their children as each unit had a large, functioning kitchen. One parent told us, "It's a home environment here. I might cook a roast and we eat it together and then watch a film." People were also able to access the on-site café which provided subsidised hot and cold food and drinks during the week.

Children and young people had access to suitable healthcare. The Children's Trust had access to on-site consultant paediatricians and registrars during the week. A parent told us, "The doctor cover is awesome." "It's so much better than being in hospital." There were also a number of clinics run on site including from the local hospitals and Great Ormond Street. These meant children could be seen without the difficulties associated with them having to make long journeys. The Children's Trust employed their own therapists which included occupational therapists, physiotherapists and music therapists, this meant children could be seen quickly and their needs assessed promptly. External professionals were positive about their contact with staff with one commenting, "The therapy teams and carers are highly motivated and well informed about the patients."

The Children's Trust was a suitable environment for children and young people. It is located within extensive grounds with covered walkways between units. It was bright and cheerful with a range of specialist equipment adapted for children with disabilities. This included multi-sensory rooms and soft play equipment. There were specialist facilities such as tracking hoists so children could be moved more easily and adapted bathrooms. There was a large amount of equipment such as mobile hoists and wheelchairs which were serviced in line with the manufacturers' guidelines. One young person showed us their large bedroom which they had decorated with their own posters and pictures to make it feel more homely. The room also contained a sofa and television, so could be used as a day lounge for the family.

Inspected but not rated

Is the service caring?

Our findings

Children and their parents had many positive things to say about The Children's Trust. We asked a young person to give the Children's Trust a rating out of 100 and they wrote down they would give it 99. A parent told us, "[Daughter's name] classes this as home, they are my family and I love them." Another parent said, "Make you feel at home. I feel very welcome and supported."

We saw children and young people had their privacy respected. For example, a young person communicated that staff 'always knocked on their bedroom door and waited for them to respond before they came into the room.' Conversations between staff and young people were characterised with warmth and understanding.

Families were encouraged to maintain contact with their children whilst they were staying at The Children's Trust. There were a range of on-site accommodation options for families so they could always be with their children. There were bedrooms, some with en-suite facilities and two flats where parents could be totally independent. Parents tended to spend days on the units with their children which all had lounges and kitchens so they and their children could be comfortable and feel at home. We saw the provider also had an on-site children's nursery which was available to younger siblings. This meant parents could focus on their children receiving a service whilst they attended therapy appointments or if they needed to be with them.

The Children's Trust could meet the religious and cultural needs of children and young people. Staff had all received diversity training and were mindful that parents maintained parental responsibility for children and therefore the staff worked closely with them in meeting the needs of the children. Staff told us about children from the orthodox Jewish and Muslim faith who had used the service recently, and how they were able to accommodate the children's spiritual and cultural needs in line with their parents' wishes. This had included an awareness of, and respecting traditions and cultural practices of the children.. Staff were able to tell us how they could access additional information about various faiths and associated religious practices if required.

There was a range of information and advice for parents and carers so they were better able to look after their children. There was the online information hub which included all aspects of caring for children with acquired brain injuries. This included information about being in hospital, returning to school and the impact on siblings. There was also an online chat forum for parents to post their specific queries. Many parents told us about the importance for them of having regular contact with other parents in similar positions. This included a monthly support group for parents and informal contact which was significant so the experience of isolation was minimised. One parent summed it up when they commented, "We sit and talk and we have a laugh. I might keep in touch with some people."

If end of life care was required for children or young people, the provider worked with local children's hospices to provide the most relevant and appropriate care. We saw there were Do Not Attempt Resuscitation (DNAR) forms and Advance Care Planning (ACP) in place for a small number of children, all completed with parental and professional consent. This meant that end of life care had been considered as

part of the care planning to meet all of the children's and young people's needs

Inspected but not rated

Is the service responsive?

Our findings

Children and young people received care that was personalised. Within the care plans we saw there was specific information about each child, for example in one plan there was advice about how to best use an adapted swing. A parent told us, "They listen to my preferences as a mother and do their best to accommodate."

There were many illustrations of personalised care written specifically for children. For example, a care plan for a child who had behaviours that challenge, contained clear information and details for staff about observing facial expressions and acting accordingly, as well as the action they needed to take to manage and calm the situation. Therapists used a Goal Attainment Scale which set targets for children and where appropriate their parents. In this way goals were individualised and time focused so all care was focused on the same outcomes.

Each child and young person had an individual timetable which included school attendance and therapy sessions. There were also opportunities for social and leisure activities. We observed a number of play workers and care staff involved in playing board games, doing art work, going for walks or riding on specifically adapted bicycles with children. A parent told us about their child who had shopped for ingredients and then done some cooking. The registered manager also told us that children went bowling to the cinema and visited child friendly farms.

We did however receive some contradictory feedback from parents and children about the availability of activities. Whilst some parents told us their children had one to one support from staff and so there were enough activities for them to be involved in, other parents felt there was not always enough to do particularly at weekends. A parent commented that play workers were available Monday to Friday, and whilst care staff and nurses did activities with children this was sometimes limited. We discussed this with the registered manager who told us they would be reviewing the activities programme for children at weekends. They had already reviewed the options for the older age range of children and had recently appointed a leisure co-ordinator.

There were procedures in place to respond to concerns and complaints. There was a procedure which outlined how to make a complaint, the timeframes and how to take a complaint further if people were not satisfied with the initial outcome. We saw the provider recorded all complaints, the process of the investigation and the outcomes. All complaints were reviewed at governance meetings to consider any learning and if further action was required to improve the experience of children within the service. We noted The Children's Trust also received a number of compliments from parents about the service provided.

The Children's Trust worked with health and social care providers to ensure a smooth transfer between services for children and young people, prior to admission and at the stage of discharge. The service worked closely with the children's home local authority. For example managers visited possible placements to consider their suitability and care workers from home local authorities were encouraged to visit the service so they could get to know children's' needs. Professionals from The Children's Trust were all involved in the

discharge process of a child by providing a summary for their counterparts in the home community.

We saw the service also worked with other agencies to consider transitional arrangements between children and adult services. Planning for this began when children reached their 14th birthday and options were discussed at their six monthly review meetings. The service held 'transitions fairs' to show what was available to young adults. Additionally, if young people were going to move placements, the service produced a personalised book which detailed their time at The Children's Trust and recorded significant people and events, as a recognition of the time they had spent at the Children's Trust.

Inspected but not rated

Is the service well-led?

Our findings

The provider did not consistently keep records for children and young people across the units which were accurate, complete and contemporaneous. Care records were maintained by two methods, as paper records and on a computer system. We found this sometimes lead to errors and confusion. For example, a paper record for a risk assessment could not be located on the care plan and was assumed by staff to be a computer records, however, it was not available as a computer record either. Moreover care plans were sometimes updated by hand writing over the paper record with no date or signature indicating when or by whom the records were changed. We also noted that a daily record had not been completed for six days about the care and support the young person received on these days. This meant children and young people were not protected against risks that can arise if care records are not maintained appropriately.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Parents and staff said managers promoted an open and transparent culture where people felt able to raise any issues and concerns and know they would be listened to and addressed. One parent whose child had been at The Children's Trust for a number of years said, "It was a secret society with the nurse in charge and you couldn't ask them anything, but now they are all singing from the same hymn sheet and I'm always raising things and they listen."

The Children's Trust continually sought feed-back from children and young people who used the service and their families. We saw copies of completed questionnaires which had been specifically devised for children attending the service, all of which were positive. There was also a short questionnaire given to parents following each episode of care provided. There were display boards in each unit entitled 'You said, we did' which highlighted action that had been taken following the last parental survey. We were also given a copy of an action plan following the most recent staff survey which highlighted areas for improvement and who was responsible for taking action. In this way an open and inclusive culture was promoted so people and staff felt able to raise issues and know they would be listened to and acted upon.

The provider had positive links with the local community. There were approximately 200 volunteers in a variety of settings, some worked in the community charity shops whilst others for specific projects. For example on the day of the inspection a team of volunteers were engaged in replanting flowerbeds in part of the grounds. The Children's Trust also held annual Easter egg hunts and Christmas events as a way of engaging the local community and raising awareness about the work undertaken. The registered manager told us in the future they hoped to offer work experience placements in catering or gardening for their young people as a way of promoting their personal development.

The provider had governance systems in place to monitor and improve the quality of the service. A parent told "I audit everything, I ask them when they cleaned his [son's] toys and they can tell me." A lot of things have changed, there's a lot more accountability." Any incidents or accidents were reviewed as soon as they occurred, more formally on a monthly basis and then by the trustees governance meeting every quarter, as a

way of learning and to prevent recurrence. The registered manager told us they also planned to link trustees to visit each unit as a further way of monitoring the service and to improve governance arrangements.

The service worked alongside other professionals to ensure children and your people received the best care possible. The feedback we received from healthcare professionals was wholly positive. They told us staff knew children well and any issues or requests were dealt with promptly and professionally.

Managers were constantly monitoring the direction and vision of the service through direct observation and supervision. Where issues were identified there was a period of intensive supervision. In this way the service was working collaboratively with others to achieve the best outcomes for children and young people.

The registered manager was aware of their responsibilities and had notified CQC of significant events in line with their legal requirements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not always ensure the proper and safe management of medicines so people were protected from the risks of not receiving their medicines as prescribed. Regulation 12 (2)(g)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not adequately maintain the care records to ensure these were accurate, complete and contemporaneous. Regulation 17 (2)(c)