The Children's Trust

The Children's Trust - Tadworth

Inspection report

Tadworth Court
Tadworth Street
Tadworth
Surrey
KT20 5RU

Tel: 01737365000
Website: www.thechildrenstrust.org.uk

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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

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 50 children and young people were in receipt of care. They can accommodate 66 children and young people across seven houses.

Ofsted are the lead regulator for The Children's Trust as it is a children's home. The service is also registered with the Care Quality Commission for the regulated activity of treatment of disease, disorder, or injury.

We expect health and social care providers to guarantee people with a learning disability and autistic people, respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people, and providers must have regard to it.

Right Support: Model of Care and setting that maximises people's choice, control, and independence.
Right Care: Care is person-centered and promotes people's dignity, privacy, and human rights.
Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive, and empowered lives.

People's experience of using this service and what we found

We have recommended that the provider should strengthen the detail of description of one to one care and observations related to overnight care within children and young people's care plans.

We have recommended that daily evaluations of the child or young person's care is strengthened to include their voice, feelings and wishes.

We have recommended that the provider should ensure staff document checks of water temperatures across the houses during bathing and showering.

We have made recommendations about the management of medicines.

Staff enabled children and young people to have maximum choice and control of their lives and supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff understood how to protect children and young people from abuse and the service worked well with other agencies to do so. Staff had the appropriate level of training on how to recognise and report abuse, and they knew how to apply it.

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 evident.

The service had enough staff with the right qualifications, skills, training, and experience to keep children and young people safe from avoidable harm and to provide the right care and treatment.

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

All houses and communal areas were clean. Hygiene standards, infection prevention and control were maintained.

Staff gave children, young people and their families practical support and advice to lead healthier lives.

Staff supported young people to make informed decisions about their care and treatment. They knew how to support children and young people who lacked capacity to make their own decisions.
The service planned and provided care in a way that met the needs of children, young people and their families and the communities served. It also worked with others in the wider system and local organisations to plan care.

Leaders had the integrity, skills, and ability to run The Children's Trust. They understood and managed the priorities and issues the service faced. Leaders were visible and approachable in the service and supported staff to develop their skills and practice.

Rating at last inspection
The last rating for this service was outstanding. (Published 27 March 2020). CQC do not currently rate services that are defined as being a children's home and which are also registered with Ofsted.

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

Why we inspected
The inspection was prompted in part due to concerns received about monitoring of children and young people overnight. A decision was made for us to inspect and examine those risks. We completed a comprehensive inspection of The Children's Trust.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

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

At our last inspection we rated this key question Good. At this inspection we will not be providing a rating.

Is the service effective?

Inspected but not rated

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

At our last inspection we rated this key question outstanding. We are not providing a rating for this inspection.

Is the service caring?

Inspected but not rated

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

At our last inspection we rated this key question outstanding. We are not providing a rating for this inspection.

Is the service responsive?

Inspected but not rated

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

At our last inspection we rated this key question outstanding. We are not providing a rating for this inspection.

Is the service well-led?

Inspected but not rated

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

At our last inspection we rated this key question good. We are not providing a rating for this inspection.

The Children's Trust - Tadworth

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. The purpose of this inspection was to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service under section 46 of the Act.

Inspection team

The inspection team consisted of three children's services inspectors, one medicines inspector and a specialist advisor for children's nursing.

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 38 children and young people with profound and multiple learning disabilities across four houses and 28 children and young people with acquired brain injury across three houses.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the

quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection.

What we did before inspection
We used a range of information to plan this inspection, including findings from our last inspection of the service, on-going monitoring information including complaints and concerns about the service, as well as information received from other stakeholders.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with two young people who used the service and two relatives about their experiences of the care provided. In addition, we spoke with 31 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), doctors, registered nurses, therapists, children's support assistants, and the on-site pharmacist.

We reviewed a range of records. This included 18 children and young people's care and medication records. We looked at three 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.

Inspected but not rated

Is the service safe?

Our findings

Systems and processes to safeguard people from the risk of abuse

● Staff understood how to protect children and young people from abuse and the service worked well with other agencies to do so. Staff had the appropriate level of training on how to recognise and report abuse, and they knew how to apply it.

● There was a robust safeguarding policy updated in line with Working Together to Safeguard Children 2023 which provided clear guidance for staff and volunteers in identifying, responding to, and managing safeguarding concerns.

● We reviewed training records which showed all staff had the appropriate level three children and adult safeguarding training which the clinical education team monitored. Training was updated every year which was in accordance with the intercollegiate national guidance.

● The Children's Trust had a safeguarding team which comprised of a named nurse for children's safeguarding and a safeguarding advisor who had a background in social work. Staff reported they highly valued this team who were accessible and visible across the houses. This demonstrated a commitment to ensuring that safeguarding children and young people was a priority for everyone.

● Staff received group and individual safeguarding supervision quarterly in addition to clinical supervision. This gave staff the opportunity to reflect on their work particularly if a safeguarding concern had arisen. Additionally, the safeguarding team were available Monday to Friday for staff to discuss any immediate safeguarding concerns or have informal discussions. This ensured support and supervision was available as part of staff development. Managers were aware that documentation of safeguarding supervision could be strengthened, especially with regards to documentation within the child or young person's care plan. Actions were being taken to strengthen this process.

Assessing risk, safety monitoring and management

●The provider had good systems in place to assess, monitor and manage risks to patient safety.

●We saw evidence in children and young people's records that staff assessed, monitored, and managed risks well. Care plans we reviewed, were comprehensive and covered all aspects of the child and young person's life such as moving and handling, sleeping positions, medicines, and specific conditions such as epilepsy management.

● We noted that when children and young people required overnight visual checks, the care plans did not specifically detail what the visual check should include. For example, staff reported that they may enter the child or young person's room and place a hand on their chest or would use the non-recording video camera and stand at the entrance of the door to observe the child. Although both methods followed the providers

observation policy, this led to inconsistent visual checks of children and young people. Following the inspection, leaders asked all house managers to ask staff to review the children and young people's care plans to ensure they understood what actions were required during a visual check and to update the care plans accordingly.

We recommend the provider ensures that care plans have a detailed description of what sort of checks children and young people require overnight.

● Leaders had introduced a new overnight onsite role of clinical site managers to provide support to staff at night and to monitor the quality of care provided. The clinical site managers were all senior nurses and would be on call overnight to provide support and guidance staff across the houses. Staff reported this was a positive development and ensured staff were supported to maintain good standards of care.

● Staff in each house documented environmental risk factors 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 for example use of kitchen equipment, and evacuation plans. When children were required to travel, the physiotherapy team developed risk plans to ensure children could mobilise safely.

● Fire risk assessments were up to date and safety equipment such as fire extinguishers were on site. 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). We noted all PEEPS were up to date to assist children and young people to safety in the event of a fire emergency.

● Staff completed daily checks such as flushing water, portable appliance testing (particularly on wheelchairs and hoists) so that they were suitable and safe for use. Defibrillators were all charged and ready for use and signs were displayed to alert staff where they were in the case of an emergency. Resuscitation trolleys had the medicines drawer tagged with evidence of a completed weekly check. However, we did note that staff across the houses, were not consistently recording water temperature checks each time a child had a bath or shower which meant the provider had no assurance staff were monitoring the temperature of the water. The provider reported that they had raised this with the house managers to action immediately after the first day of inspection.

We recommend that the provider should ensure staff complete and document hot water checks each time a child or young person has a bath or shower.

Staffing and recruitment

● The service mostly had enough staff with the right qualifications, skills, training, and experience to keep children and young people safe from avoidable harm and to provide the right care and treatment. Currently there were therapy staff vacancies (9.8 whole time equivalent). To mitigate the risk of not having enough staff, The Children's Trust were recruiting from overseas and providing overseas staff with onsite accommodation for their first year of employment.

● The provider had a robust recruitment system and recruited staff in accordance with their policy. The provider also used this system when recruiting volunteers. The service used the disclosure and barring service to good effect. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

● Leaders worked hard to ensure each shift was covered by the required number of staff. The provider used bank staff and on rare occasions agency staff to cover vacancies or sickness. The service ensured all bank and agency staff were fully vetted which meant they were safe to attend the houses. Staff from other houses would cover if it were safe to do so. Pharmacy bank staff were being used until a permanent pharmacist position could be filled to ensure the pharmacy service continued to provide a robust service.

● Managers held meetings twice weekly to review staffing levels and completed rotas for 6-8 weeks at a time. House managers sent any uncovered shifts to the bank co-ordinator to find cover. This ensured the provider had an overview of shortages of staff across the houses.

● Most staff we spoke with felt there were adequate staff on shift to keep children and young people safe. House managers reported it was rare that staff absences could not be covered. If required, the house managers could become clinical for example to cover breaks or help with re-positioning of children.

Using medicines safely

● The service had a comprehensive medicines policy covering all aspects of medicines optimisation. The service ensured that all children and young people's medicines were prescribed by doctors and prescriptions were checked and supplied by the onsite pharmacy team. Doctors had recorded all children and young people's allergies, and children and young people received their medicines as prescribed.

● Nurses or clinical support assistants (CSA's) administered the medicines once they had completed a comprehensive competency assessment. CSA's and nurses both had yearly assessments around medicine management and the training of all CSAs who wished to participate in the scheme meant there were more staff available to administer medicines and allowed more time to be spent on creative and leisure activities for the children and young people.

● The onsite pharmacy was open from 9am to 5pm five days per week. The pharmacy team visited the houses daily to ensure all children and young people had the medicines they required. Pharmacy staff completed medicine reconciliation for all children and young people admitted to the service and were involved in discharge planning. House staff told us the pharmacy team were easily accessible and responsive. There was provision to access medicines out of hours in an emergency or use FP10 prescriptions for supply by a community pharmacy.

● The medical team did not track FP10 prescriptions adequately, therefore the service would not be able to identify if any were missing.
We recommend that the provider ensures that appropriate procedures are in place to track prescription stationary.

● The pharmacist was to join a six-monthly MDT medicine review for children and young people in the residential houses starting February 2024.

● Staff monitored children and young people's pain using an adapted FLACC (face, legs, activity, cry and consolability) scale. The tool was individualised for each child and young person which allowed staff to respond appropriately to any pain experienced.

● Comprehensive care plans were in place to manage conditions such as seizures, movement disorders and constipation. Occasionally protocols for medicines prescribed 'as required' were lacking any guidance as to

when it would be suitable to administer these medicines. This included steroids and drugs to treat respiratory conditions. Sometimes the care plans did not match the current medicines prescribed as the care plans had not been updated when medicines had changed.
We recommend that the provider ensures protocols for medicines prescribed as 'required' include guidance such as when to administer the medicine and all care plans were updated to ensure staff are aware of the child or young person's current medicine regime.

● High risk medicines were highlighted on medicines charts and required a two person check for administration. Any incidents involving high risk medicines were appropriately risk assessed using the Bennion Error Scoring System (BESS) scoring system. This ensured that any incidents involving high risk medicines were appropriately managed.

● There was a comprehensive training program for parents to administer medicines to their child or young person although sometimes the consent paperwork had not been completed in line with policy.

● We saw staff had completed medicine audits, including Controlled Drug audits, clinic room checks, children's locker checks and high-risk medicines. Staff did not always store medicines securely within the houses as per policy. During inspection we found some medicines stored outside of medicines cabinets in children and young people's rooms. The Children's Trust had already identified this issue as an area for improvement as a recent audit showed only a 44.1% compliance and were taking the appropriate action to rectify this.
We recommend that the provider ensures all medicines are stored safely and securely in line with policy.

● When children and young people attended school, medicines either travelled with them (if they attended an external school) or there was a stock of medicines for the school nurses to administer within the school building. The pharmacy team monitored the stock levels within the school.

Preventing and controlling infection

● The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves, and others from infection. We saw that staff kept equipment and their work areas visibly clean.

● The provider had a lead nurse for infection control who assessed all children and young people before admission to understand the specific infection control needs and educated staff accordingly. The infection control lead received clinical supervision from an external NHS trust. This ensured they had up to date and comprehensive infection control knowledge.

● Hand sanitisers were located on the entrances of the houses and signs displayed the importance of hand hygiene. Staff disposed of clinical waste appropriately in closed waste bins and there were child and young person friendly stickers on the waste disposal bins to show them the importance of maintaining a clean environment.

● Sharps bins and medicine disposal bins were available across the houses behind locked doors. However, the five sharps bins we looked at did not detail the time or date staff had opened them and nor did the one medicines disposal bin. This meant staff were not following the providers policy.

We recommend that the provider ensures staff adhere to the sharps and medicine's waste policy by labelling all sharps and medicine waste bins.

● The provider completed infection control audits such as hand hygiene and equipment cleaning audits to monitor the compliance with infection control policies. In November 2023, the equipment cleaning audit scored 81.1% compliance due to two of the seven houses not completing the audit. The quality lead was working with the house managers to improve compliance with infection control practice.

Learning lessons when things go wrong

● The service managed safety incidents well. Staff recognised and reported incidents and near misses.

● The pharmacist reviewed all medicine incidents and provided learning to all staff via a pharmacy newsletter. Staff described procedures that had changed following learning from incidents, such as ensuring doctors completed reducing regimens of antiseizure medicines so that pharmacy could supply adequate supplies. Staff told us the provider was kind and supportive to anyone involved in an error and offered appropriate support or training.

● 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.

● House managers shared lessons learned from incidents during house meetings and team away days. An incident 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.

● The Duty of Candour (DoC) is a regulatory duty relating to openness and transparency. It requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. Staff demonstrated knowledge of the Duty of Candour, to be open and transparent with people including when things go wrong with their care and treatment.

Inspected but not rated

Is the service effective?

Our findings

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

● The Children's Trust provided care and treatment based on national guidance and evidence based practice. Staff protected the rights of children and young people in their care.

● The provider produced evidence-based policies and procedures to provide guidance for staff and ensure risks to children and young people were identified and managed to improve the children and young people's safety. All staff we spoke with had access to the policies and procedures through the electronic system. In addition, when polices were updated these were shared as a 'read of the month' and all staff had to sign that they had read the updated policy.

● Each child and young person had an allocated multi-disciplinary team (MDT) of health professionals. These included doctors, nurses, therapists, CSAs, and psychologists. All professionals worked collaboratively and efficiently to meet the holistic needs of the children and young people.

● Staff were highly skilled in completing comprehensive assessments for children and young people. The assessment process started before the child or young person was admitted to The Children's Trust which informed a highly detailed care plan. The effectiveness of the assessment and care plans were evidenced in the visible progress the children and young people, particularly in the rehabilitation houses were making.

● Staff encouraged and empowered children and young people with their physical, social, and emotional health needs with a variety of equipment such as standing frames, a watch that recognised an increase in stress levels and state of the art ventilators. This equipment contributed to the children and young people's increase in their independence.

● Therapy technicians were trained in speech and language therapy, occupational and physiotherapy which ensured that when a child or young person was receiving therapy from a technician, all aspects of their needs were supported in an integrated way.

Staff support: induction, training, skills, and experience

● The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

● 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 infection prevention control. The Clinical Site Education Team (CSET) monitored the mandatory training rates and contacted individual staff when their training was due to expire. This ensured all staff were up to date with their mandatory skills.

● The CSET team were able to provide child and young person specific training as the need arose. A member

of the CSET team attended the weekly admission meetings so were sited about the need for specific training before a child or young person arrived in the service. For example, we heard a child with complex heart issues required admission and a member of the CSET team was consulting closely with the discharging NHS trust to understand the complex care requirements for the child's heart device.

● The service supported CSAs to complete the level three diploma for the Children and Young People's Workforce qualification aimed at staff who were working with children from birth up to 19 years. The CSET team evaluated staff performance to ensure staff could demonstrate their performance and competencies for their role.

● We saw a strong example of a member of staff who was trained in trauma informed care. This impacted on their ability to recognise the trauma that a child they were caring for had experienced and was able to advocate for their needs by suggesting specialist referral, use of specialist equipment and equal consideration of their emotional wellbeing.

● All staff completed a comprehensive induction programme and the CSET team provided weekly clinical supervision sessions for new staff for their first three months. This ensured the team had oversight of any additional learning needs. All staff we spoke with felt well supported by the CSET team and their managers.

● Staff received formal clinical supervision every three months and the safeguarding team provided all staff including medical staff with quarterly safeguarding supervision. Supervision was documented on a template and the templates we reviewed were thorough and showed detailed discussion.

● The medical team have monthly complex case discussions. This is an opportunity for the full multidisciplinary team to learn from each other and reflect on cases that have gone well and identify areas for improvement.

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

● Children and young people had access to a varied menu with the offer of two cooked meals a day. There was a large variety of alternative options available if children and young people did not like the allocated meal. Consideration was given to those on restricted or special diets as well as those with culturally sensitive dietary needs such as Halal.

● The provider had developed a 'meal mat' that the speech and language therapists completed. This described the consistency of the food the child or young person required using the International Dysphagia Diet Standardisation Initiative (IDDSI). It also detailed how the child or young person liked to be fed, what physical signs to be aware of if the child or young person was non-verbal and the warning signs that the child or young person may be struggling to swallow.

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

● All those responsible for delivering care worked together as a team to benefit children and young people. They supported each other to provide safe care and communicated effectively with other agencies.

● The service held twice weekly meetings to discuss upcoming admissions and discharges. These meetings were attended by the house managers, matron, and the CSET team. The output of these meetings would be in depth liaison with the discharging or accepting NHS or independent providers regarding the care needs

for the child or young person to ensure consistent, effective, and timely care.

● We saw strong examples of good liaison with a range of external professionals for example schools (on and offsite), social workers, community paediatricians and GP's. Children, young people, and their families were actively involved in the discharge planning process to meet their individual needs. Planning for the transition often happened before the admission which helped children, young people and their families be fully prepared.

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

● The Children's Trust encouraged children and young people to decorate their bedrooms to suit their tastes. We saw an array of posters, pictures, duvet covers, rugs and fairy lights to make the bedrooms more personal to the individual child or young person.

● The service considered children and young people's sensory needs with dedicated sensory rooms/areas, as well as quiet areas such as a separate dining area for children and young people who may find eating with others difficult. This meant those with sensory processing needs were able to participate in activities in an environment suitable for them.

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

● Staff gave children, young people and their families practical support and advice to lead healthier lives.

● Proactive and skilled staff supported children and young people who received intensive rehabilitation and were committed to ensuring children and young people made timely progress. For example, a child who had arrived at the children's trust four months ago, was not able to take any food orally but with the encouragement and input of excellent care from the MDT they were now eating most solid foods.

● Across the houses a health promotion topic of the month was displayed in communal areas for all children and young people to see. This included oral mouth care and healthy eating.

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

● Staff supported young people to make informed decisions about their care and treatment. They knew how to support children and young people who lacked capacity to make their own decisions.

● Staff understood deprivation of liberty safeguards and how to contribute to the application process.

● 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 understood the importance of obtaining consent from children and young people. In one child's record staff had assessed the child as having limited understanding due to their disability and parent/carers made decisions about the treatment and care they received. We observed staff asked children and young people's consent before completing any aspect of care and where appropriate, parent/carers had been involved in any decision making on behalf of their child.

Inspected but not rated

Is the service caring?

Our findings

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 treated children, young people and their families with the upmost compassion and kindness, respected their privacy and dignity, and took account of their individual needs. In addition, staff supported and involved children, young people, and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.

● We found passionate, caring, tenacious, responsive staff at all levels across The Children's Trust. There was a strong child first attitude and evidence of individualised care with children at the heart of everything.

● One parent reported about the care their child received, "It is amazing. We are seeing their smiles again which we thought they lost." They told us they fully trust staff with their child which was a new thing for them as previously before coming to the Children's Trust, medical involvement had not been positive. The parent also told us "Staff have guided us as a family, and they make it feel like home."

● We saw staff engaging with children, young people, and their families in a compassionate and caring way. Staff were skilled in talking and caring for the children and young people. We observed staff responding to both the child and family's emotional needs in a positive and reassuring way. The service displayed letters and cards of thanks mentioning the emotional support provided by staff. This highlighted staff were dedicated to their role to ensure children, young people, and their families' emotional needs were met.

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

● During our inspection we saw staff who treated children, young people, and families of different ethnicities consistently with dignity and respect. Staff respected the adolescent's viewpoint and respected their need for privacy as well as an acknowledgement of their growing independence and maturity even though many of the young people were unable to verbalise this need.

● Staff worked 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 child friendly so that children and young people could understand them.

● Managers and staff asked children and young people their views about all aspects of their care and changes were made in care plans accordingly.

● In one house we saw a strong example of promoting young people's independence by encouraging them to leave their wheelchairs in allocated parking spaces. This encouraged the young people to walk around the house rather than depending on their wheelchair.

● We observed staff to knock on the child or young person's door before entering their room, to ensure the child or young person was happy for them to enter their space.

● Staff supported and encouraged children and young people to build friendships with their peers, which supported their emotional well-being during their time at the Children's Trust.

● Children and young people's parents/carers had unrestricted access to visiting their children and young people. Parent/carers were able remain resident with their child or young person in purpose built flats for the duration of their rehabilitation when needed. This facilitated the opportunity to develop strong relationships with staff and other parents in the houses.

Inspected but not rated

Is the service responsive?

Our findings

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

● The service planned and provided care in a way that met the needs of children, young people and their families and the communities served. It also worked with others in the wider system and local organisations to plan care.

● Care plans strongly reflected the child's voice and wishes. They were child centred and written from the child or young person's perspective. They contained information about children and young people's diagnoses, the care, treatment and support they required, and the skills staff needed to effectively support the children and young people's needs. However, we noted the daily evaluations did not consistently reflect the child's voice and what their feelings or wishes may have been over the day. This therefore did not reflect the inclusive and excellent quality care we saw and heard staff had provided throughout the day.

We recommend the provider ensures staff are recording a detailed description of the child and young person's day in the daily evaluation to capture their voice, feelings and wishes.

● The Children's Trust used a range of technologies to support the delivery of high quality care to enhance children and young people's skills, abilities and to enable promotion of independence. For example, the physiotherapy team campaigned for a child to be part of a pioneering research project for a new state of the art ventilator. The physio told us "It has been truly life changing for the child and has enabled them to sit upright (previously due to risks they were only able to lie down), able to reduce medication for secretions and they are vocalising more than they ever were before."

● The doctors at the Children's Trust attended transition planning meetings and advocated for tertiary and GP care. They oversaw the transition planning and referred to specialist clinics as required. This also included when a young person was transitioning to adult services. Conversations began when the young person was 14 years old, but we saw in practice due to circumstances beyond The Children's Trust control, children were 17 years old before the transition plans were implemented. Staff reported the reason for the delay was often down to a lack of availability of onward placements.

● The school nursing team were involved in creating a long term condition frameworks which they used to help educate teachers in The Children's Trust's school to increase their knowledge of the health needs for the children and young people attending the school.

Meeting Children and young people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carer's, get

information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● The Children's trust was complying with the Accessible Information Standard by providing easy to understand information to children, young people, and their families about living with brain injuries including a cookbook for people of all ages who have additional physical or learning needs.

● The children's trust enabled children who were nonverbal to communicate in a variety of ways. For example, the use of eye gaze technology was available, and staff were skilled in reading the child or young person's body language to determine if they were unhappy or in pain. This ensured staff could respond to children and young people's needs in a timely way as well as ensuring they were capturing their voice and including them in decision making about their own care.

● The Children's Trust ensured that children, young people, and their parent/carers, whose first language was not English, were provided access to interpreters, either face to face or over the phone.

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, film night, and dance. This gave children and young people new experiences and prevented their disabilities from being a barrier.

● The Children's Trust actively invited siblings of children and young people who were residents to attend activities inside and outside of the Trust. This helped to maintain the family relationship while the siblings were separated for the period of the rehabilitation.

Improving care quality in response to complaints or concerns

● It was easy for children, young people, and families to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included children, young people, and families in the investigation of their complaint.

● Managers monitored complaints using investigations and route cause analyses which were detailed and sensitive to the needs of children, young people, and their families. Actions were tracked and monitored for a timely response as per their complaints policy. Complaints and compliments were recorded and raised within the clinical governance monthly meeting.

● All staff we spoke with across the service said the sharing of and learning from complaints and compliments was through their team meetings and on an individual basis if required. However, leaders reported that they could improve their recording and sharing of compliments.

End of life care and support

● At the time of 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.

● When a child or young person was approaching the end of their life staff liaised and worked closely with a local children's hospice for expert advice and care. This ensured the child or young person had a dignified and peaceful death which was overseen by expert staff and enabled the family, child and young persons wishes to be fully heard.

Inspected but not rated

Is the service well-led?

Our findings

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

● We observed all staff to be passionate and committed to their roles and saw evidence they provided children and young people with safe care.

● Staff reported they felt respected, supported, and valued. We observed staff focused on the needs of children and young people. The Children's Trust promoted equality and diversity in daily work and provided opportunities for career development. We saw there was an open culture where staff, children, young people, and their families could raise concerns without fear.

● Staff were able to use the employee voice to raise any concerns anonymously. Leaders regularly reviewed staff feedback and acted appropriately to make changes where warranted. Whistleblowing champions were in place to support staff to raise concerns freely.

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

● Leaders had the integrity, skills, and ability to run The Children's Trust. They understood and managed the priorities and issues the service faced. Leaders were visible and approachable in the service and supported staff to develop their skills and practice.

● A clear management structure was in place to provide day to day supervision and support to all staff. A leadership team provided oversight of staff and were available to support with any issues requiring escalation. Leaders were visible and completed regular walk arounds of the houses, and the staff spoke positively about the support they received.

● The Children's Trust had good clinical governance arrangements in place including policies, standard operating procedures and risk assessments relating to the delivery of care by staff. The clinical governance team regularly reviewed policies, and shared updates regularly with staff.

● A range of meetings supported the governance structure including quality meetings, incident review groups, a monthly meeting to discuss medicines incidents, clinical governance, and clinical governance with safeguarding meetings. Leaders discussed incidents, complaints and discussion of trends or themes at these meetings. This ensured leaders were sighted on arising themes, actioned outcomes and disseminated information down to house managers who then shared with their teams.

● Risks to The Children's Trust were identified and recorded on the risk register which had just been through a redesign to strengthen its content and ensure clinical as well as environmental risks were included. Leaders regularly reviewed the risk register in the clinical governance meetings and rated the risks

appropriately.

● 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 staff supported children and young people who understood their roles within the service and how they could contribute to improving outcomes.

Engaging and involving children and young people using the service, the public and staff, fully considering their equality characteristics and working in partnership with others

● Leaders and staff actively and openly engaged with children and young people, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for children and young people.

● Children and young people were at the heart of everything The Children's Trust was aspiring to achieve. They participated in the recruitment of staff as well as having their voice heard through the 'have your say group' which staff encouraged all children to attend weekly. This helped to shape the design of the services provided.

● We saw evidence demonstrating the strong culture of learning and how well the service learned from feedback, complaints, and incidents. The service actively sought feedback from children, young people, and their families, including through the friends and family test. We saw how staff and leaders were proud of the care they provided to children and were keen to identify how they could do better.

● The Children's Trust carefully considered the diverse needs of children and young people using the service. Staff supported young people with their sexuality and identity needs and staff from various ethnic backgrounds held cooking or education sessions to raise awareness of specific cultural needs. Staff and families welcomed these sessions and reported it improved cultural understanding.

● 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.

Continuous learning and improving care

● The service had effective assurance processes to encourage continuous improvement using peer reviews, training sessions and audits. Staff talked positively of the opportunity for learning within their role. Areas regularly audited included clinical, medical, and psychosocial audits including safeguarding, supervision, care plans and medicines management. Audits were mostly effective in driving progress.

● The Children's Trust had extended their rehabilitation service into the community which currently covers the South of England. They can provide outpatient appointments and virtual appointments to provide knowledgeable and expert consultations to children and young people with acquired brain injuries. This developing service aspires to provide expert care to all children and young people from all over England who have an acquired brain injury.

● A manager had taken on responsibility to introduce the Patient Safety Incidents Response Framework (PSIRF) into The Children's Trust. This framework will replace the serious incident framework. The PSIRF supports the development and maintenance of an effective patient safety incident response which will

strengthen the processes that The Children's Trust already has in place.