The Children's Trust

The Children's Trust - Tadworth

Inspection report

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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

This inspection was carried out on the 10 and 14 November 2017 and was unannounced.

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. At the time of our inspection 44 children were in receipt of care. Throughout this report children and young adults will be referred to as 'people or person.' At the time of writing this report decisions were being made about who the primary regulator should be and which regulated activity would be inspected by Ofsted and CQC.

At the previous inspection in September 2016 we identified a breach in relation to medicines and how records were stored. At this inspection this had now improved.

Staff worked creatively with people and their relatives to involve them in the management of their medicines. They employed a pharmacist who worked with other health care professionals, people and relatives to help streamline the management of their medicines. Staff ensured that people received their medicines on time, as intended and in a safe way. Staff engaged with health care professionals to review people's medicines. Research about the causes of medicines incidents had taken place and their findings and recommendations were discussed with staff.

The Trust undertook research in a number of ways to ensure that only the best care was being provided. The service contributed to the development of best practice and good leadership with other agencies. Learning

took place from the research and changes made to how care was delivered. There were a whole range of health care professionals that worked at the Trust that ensured they were up to date with best practice and current guidance. Comprehensive training was provided to all staff. Relatives were also provided with training around the equipment that their family member needed.

People and their relatives felt that the care that was provided exceeded their expectations. Staff demonstrated a real empath for people they cared for. Staff involved and treated people and relatives with compassion, kindness, dignity and respect. We saw staff treat people in a caring way. People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's privacy and dignity were respected and promoted when personal care was undertaken. People and relatives felt that staff went the 'extra mile' in relation to the care that was provided. For example one person was supported by staff to have their dream holiday abroad.

Staff used innovative ways of involving people and their relatives in care and support. People's needs were assessed when they entered the service and on a continuous basis to reflect changings in their needs. Care plans were detailed and provided staff with guidance on how to provide the most appropriate care. People and their relatives were heavily involved in care planning and felt listened to. Staff used a variety of methods to communicate with people and were creative in their approach to this. People and relatives were supported with their religious and cultural needs including supporting one person to have their Bar Mitzvah (a Jewish celebration) and supporting another person to pray when they needed to.

Staff and management were committed to a supportive approach to caring and found ways to make sure that every person using the service were happy and comfortable. People were treated as individuals whose life and experiences mattered to the staff. Visions and values were imbedded into the organisations and staff understood the importance of them. The Trustees at the service worked alongside staff to gain a better understanding of how care was delivered. People and the relatives were highly complementary of the leadership and all staff at the service. Staff felt privileged to work at the service and felt listened to, supported and valued.

The service had a strong, visible person centred culture and is exceptional at helping people to express their views so they understand things from their points of view. People, relatives and staff were heavily involved in the running of the service. Various methods were used to ensure that their voices were heard including focus groups, online discussions, meetings and surveys. All of these were used to make improvements at the service. There was joint working with external organisations and professionals who were invited to open days at the service to gain an understanding of the injuries that people were living with.

The service used innovative ways to manage people's risk and keep people safe, whilst ensuring they had a full and meaningful life. People said that they felt safe at the service and relatives had peace of mind their family members were kept safe. Staff understood the importance of empathy supporting people to challenge themselves whilst supporting their life style choices. Risk assessments took place with people and staff understood what to do to reduce the risks of incidents. Incidents and accidents were recorded and action taken to reduce the risks of incidents reoccurring.

People were able to alert staff when they needed to and there were sufficient numbers of staff available to support them. People were involved in the recruitment of staff. Only suitable staff that had gone through rigorous recruitment checks were appointed. There were plans in place for each person should an emergency occur. In the event of an emergency such as a fire or a flood there was a service contingency plan in place.

Staff were knowledgeable on infection control and what they needed to do to reduce the risks of infections. People and their relatives felt the service was clean and tidy. Staff were competency assessed regularly to ensure that they were providing the most appropriate care. All the health care professionals had to revalidate to ensure that they remained fit practice.

People and their relatives told us that they liked the food at the service and that their preferences were catered for. People that were unable to eat orally had support from staff to ensure that they were provided with adequate nutrition. People were supported to have access to healthcare services and were involved in the regular monitoring of their health. The provider worked effectively with healthcare professionals and was pro-active in referring people for assessment or treatment.

Staff at the service communicated effectively to ensure the best delivery of care. There were teams of health care professionals that attended multi-disciplinary meetings to decide on the most appropriate care for people. People and their relatives told us that health care professionals were always on hand for support that had a positive impact on the person's recovery. Staff understood the impact on the recovery of people in relation to their input in their care.

Staff were up to date with current guidance to support people to make decisions. Where people had restrictions placed on them these were done in their best interests using appropriate safeguards. Staff had a clear understanding of Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) as well as their responsibilities in respect of this.

The service went the extra mile to find out what people had done in the past and evaluate whether they could accommodate activities that there important to people. There were a range of activities available within the service and outside. People were supported to move to other services or back home to their families at the end of their stay at the service.

People and relatives were encouraged to voice their concerns or complaints about the service. Concerns were used as an opportunity to learn and improve the service. There was a comprehensive system of audits that were being used to improve the quality of care. Each audit included an action of things that required improvement and time scales for these improvements.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events. Records were accurate and kept securely.

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 exceptionally safe.

Medicines were administered, stored and disposed of safely. People and relatives felt their medicines were managed well by staff. Research had been undertaken to review the causes of medicines incidents.

Recruitment practices were safe and relevant checks had been completed before staff commenced work. People were involved in the recruitment process and sat in on interviews.

There were sufficient staff at the service to support people's needs and respond to people when they needed care.

People had risk assessments based on their individual care and support needs. Staff understood the importance of people taking risks and how to support them. Risks to the environment were managed well. There were plans in place in the event of an emergency.

People said they felt safe. There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

Accidents and incidents were recorded and actions taken to reduce the risks of them.

Is the service effective?

Inspected but not rated

The service was exceptionally effective.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs. Staff received appropriate supervision in relation to their role. Research was undertaken by staff to learn and improve upon the delivery of care.

People's care and support promoted their well-being in accordance with their needs. People and relatives fed back about the significant recoveries that people had as a result of the therapy provided by staff.

People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of their health. Training was also provided to relatives to ensure that they understood the equipment needed for their family member.

Staff understood and knew how to apply legislation that supported people to consent to treatment. Where restrictions were in place this was in line with appropriate guidelines.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

Is the service caring?

Inspected but not rated

The service was exceptionally caring.

Staff treated people with compassion, kindness, dignity and respect. People and relatives felt that staff went above and beyond in how they provided care.

Staff were caring and considerate towards people. Care was taken to ensure that despite people's disabilities their people's religious and cultural needs were respected.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes.

People's relatives and friends were able to visit when they wished.

Is the service responsive?

Inspected but not rated

The service was exceptionally responsive.

The service was organised to meet people's changing needs. People's needs were assessed when they entered the service and on a continuous basis. Information regarding people's treatment, care and support was reviewed regularly. Staff used innovative ways to ensure that relatives were kept up to date of the progress of their family members.

People had access to activities that were important and relevant to them. There were a range of activities available within the service and outside. Each week people had the opportunity to go out on an individual outing.

People were encouraged to voice their concerns or complaints about the service and there were different ways for their voices to be heard.

Is the service well-led?

Inspected but not rated

The service was exceptionally well- led.

Visions and values were at the heart of the service. The Trustees at the service worked alongside staff to gain a better understanding of how care was delivered.

The provider actively sought, encouraged and supported people's involvement in the improvement of the service. Various methods were used to ensure that their voices were heard including focus groups, online discussions, meetings and surveys. There were events organised for external professionals to review the care being delivered at the Trust.

Staff displayed and expressed their desire to work at the Trust and felt supported, valued and listened to.

The provider had systems in place to regularly assess and monitor the quality of the service the service provided.

People told us the staff were friendly and supportive and management were always visible and approachable. Staff were encouraged to contribute to the improvement of the service.

Records were easy to navigate and were kept securely.

Notifications that were required to be sent to the CQC were done so.

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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 was planned to check 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 under the Care Act 2014.

This was an unannounced inspection which took place on the 10 and 14 November 2017. The inspection team consisted of two inspectors, one specialist nurse and an expert by experience on day one. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. On day two the team consisted of an inspector and a pharmacy inspector.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. We reviewed notifications sent to us about significant events at the service. A notification is information about important events which the provider is required to tell us about by law. We reviewed the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. At the time of the inspection there was a safeguarding incident being investigated by the Local Authority in relation to a person that had passed away. We will continue to monitor this.

During the visit we spoke with the registered manager, other senior members of the management team, two people, nine relatives and 23 members of staff. We looked at a sample of three care records of people who used the service, medicine administration records and training records for staff. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service. We observed interactions between people and staff. After the inspection we spoke with a Trustee of the service and two health care professionals.

Inspected but not rated

Is the service safe?

Our findings

At our last inspection in September 2016 we found that the management of medicines did not always keep children safe. Medicines were not always available to children when they needed them and temperatures at which medicines were stored were not monitored correctly.

During this inspection we saw that the service had taken action to improve the safety of medicines and there was a culture of continuous learning to reduce risks to people. People benefitted from expert oversight of their medicines. The service had recently employed its own pharmacy staff and this had provided a number of benefits. A pharmacy technician had oversight of people's prescribed medicines in all seven houses and ensured that there were sufficient stocks available. We inspected the medicines management in three of the seven houses and found that medicines were stored securely and temperatures in these areas were monitored appropriately. Staff reviewed medicine stocklists regularly. Medicine expiry dates were checked and unwanted medicines were disposed of safely.

The service had a comprehensive medicines policy. This had been reviewed, updated and communicated to staff. Staff who administered medicines completed annual written and practical assessments to ensure they were competent. The pharmacist delivered medicines training to nurses through the 'training team' programme that covered a different medicines topic each month. Pharmacy staff told us that the service supported their learning, enabling them to attend external training.

Medical staff printed prescription charts each week and two nurses checked these were accurate. The pharmacy team carried out an additional check within 48 hours and added any extra safety information. The charts included a photograph of the person to ensure they were correctly identified. The pharmacist reviewed prescription charts regularly to ensure prescribed medicines continued to be safe. The Trust doctors discussed the need for the use of any unlicensed medicines with people's relatives.

Some relatives had been trained to administer their child's medicines. They were assessed to ensure they could do this safely. There was a similar process in place for people if they were able to self-medicate, although no one at the service currently could.

People attending lessons in another building at the service took their medicines with them. These were transported and stored securely and a prescription chart was provided. Pharmacy staff told us that they had worked with doctors and parents to streamline medicines and prepare for one person going on holiday; this had helped the family to manage medicines safely while abroad.

The safety of medicines at the service was continuously monitored and staff were supported to reflect on their practice. Each house completed a monthly medicines audit. The service manager produced an action plan and actions were tracked to ensure they were completed and these led to changes in practice. For example, the administration of an expired liquid medicine was identified through audit; the use of yellow stickers was implemented to record the date of opening and expiry of liquid medicines. One member of staff had undertaken some research about the causes of medicines incidents; their findings and

recommendations were on the agenda for the next team training day to see how they could be implemented to further improve safety.

We asked people and their families if they felt safe at the service. One person told us, "I feel very safe." Another told us, "The doors are shut no one can come in." One relative told us, "Yes because for example this week he [their family member] was very poorly. Staff picked up on it straight away. They [staff] were monitoring him every day." Another relative told us, "Safety takes many forms. You have finger print entry [in the accommodations]. There is nothing dangerous lying around. There is internet safety." A third told us, "The environment [is safe]. Everyone wears the badges and there are plenty of staff around." A fourth said, "I feel he [their family member] is safe with staff. They will call me if he wants me to settle him."

We asked people and relatives what they would do if they felt unsafe. One person told us, "I would tell my parents." A relative told us, "I would speak to a member of staff." The registered manager ensured that staff understood safeguarding procedures and what to do if they suspected any type of abuse. There were a lot of people at the service who were unable to verbally communicate and the registered manager ensured staff looked for signs of any abuse occurring. One member of staff told us, "If I saw something a staff member shouldn't be doing I would tell them it was inappropriate. I would always report it [abuse] to the manager". Another staff member said, "We get training every year [on safeguarding] or sometimes more often than that." A third told us, "You do what your conscience tells you to do." There was a safeguarding policy in place and staff had received training in safeguarding people. Staff were aware of how to raise safeguarding concerns in relation to children and young adults.

Staff showed understanding and empathy supporting people to challenge themselves whilst supporting their life style choices. One member of staff told us, "They have a right to make decisions. We support the life they had previously." The member of staff gave us an example of where people over the age of 18 smoked. They told us that risk assessments took place and they ensured that the person has a safe area to smoke in. We confirmed this from the records. Staff told us that some people [as a result of their brain injury] may be sexually disinhibited. They told us that it was important to talk with people about what and was not appropriate to manage these risks. There was additional guidance for relatives on The Children's Trust 'Brain Injury Hub' around this particular risk.

Assessments were undertaken to identify risks to people. People and relatives felt risks were managed well and that staff encouraged people to take risks whilst maintain their safety. One relative said, "Staff know his [their family members] risks. He can move his arms around and he may move his trachea [tracheostomy is a tube to help you breath that is inserted in the neck]. When he moves his arms up staff will bring them down again." Another relative said in relation to the risks associated with their family member's care, "She [their family member] was given opportunities to push herself. Encouraging and pushing to limits we didn't think she would be able to achieve." An example of this was one person had an oxygen tank and relatives did not feel they were able to go swimming. Through risk assessments and careful planning staff at the Trust were able to make this happen.

People had a wide range of calls bells specific to their needs and we saw people using them through the day. One relative told us, "[Their family member] can't use a call bell they did give him a switch to use instead." They told us that their family member was now able to alert staff whenever they needed to. The environment was purpose built that enabled people with reduced mobility to access all areas including the use of hand rails and wide corridors. People had specialist walking aids and wheelchairs to assist them. There was an adequate number and selection of hoists to assist staff to support the people who needed them and they had been serviced regularly. There were softs mats on the floor in the therapy areas to ensure that people were at a reduced risk of injury. There was an electronic finger print system in the

accommodation for staff, people and their families to use that ensured only appropriate people were able to gain access.

Staff used hoists and sliding sheets to transfer and reposition people. Each person was assessed by the physiotherapist to ensure that they had the correct slings and each person had their own slings. People who were at risk of falling out of bed had their beds fitted with bedrails. The bedrails were fitted with bumpers to prevent entrapment and there were bedrails assessment and risk of falls assessment in place. Comprehensive assessments and action plans were in place to manage the risks identified. For example one person was at risk of seizures. The action plan detailed that staff were to ensure that seizures were recorded, that staff were to check the person's oxygen levels, that they equipment used to assist with their care was clean. The relative of this person told us, "There is a huge effort with his care [from staff] from beginning to end. It gives me peace of mind. He is never left on his own." Other risk assessments for people included nutrition, skin integrity and sensitivity, breathing and personal care.

Staff understood the risks to people and how to keep people safe. They told us that they wanted people to remain as independent as they could whilst ensuring their safety. One told us that they would encourage people [if they were able] to walk to other parts of the service. They told us, "It's about helping them [people] to find their way around the environment for example watching walk to the other centres." Equipment was available to assist in the evacuation of people. Fire exits are clearly marked and free from obstruction and fire evacuation plans were displayed throughout. Entry to the service was via staff and visitors were asked to sign the visitor's book. There were appropriate plans in place in the event of an emergency. In the event of an emergency such as a fire each person had a personal evacuation plan which was reviewed regularly by staff. There was a business continuity plan in the event the building needed to be evacuated. People would need to be evacuated to hospital because of the nature of their conditions.

People had the opportunity to make decisions about the staff that were going to provide care to them. People were involved in developing the questions that applicants (applying for jobs at the Trust) were asked and then scored them based on the answers given as they were also present at some of the interviews. People fed back that this a positive experience for them. People were protected from being cared for by unsuitable staff because robust recruitment was in place. We saw that there was an up-to-date record of the nurses' professional registration. All staff had undertaken enhanced criminal records checks before commencing work and references had been appropriately sought from previous employers. Application forms had been fully completed with any gaps in employment explained. Notes from interviews with applicants were retained on file and showed that the service had set out to employ the most suitable staff for the roles. The provider had screened information about applicants' physical and mental health histories to ensure that they were fit for the positions applied for.

There were sufficient numbers of staff to meet people's needs. We found that staff attended to people's needs without them having to wait. One relative said, "When he [their family member] uses the call bell they [staff] react very well." There were a lot of people that required one to one care from staff and this was always provided. One relative told us, "There are enough staff. [Person's name] always has a one to one. There are always staff available." Where people required a nurse permanently at the accommodation this was always provided. A relative told us, "There's a load of staff around to help. Not just nurses and support staff but a whole team, like physios, teachers, consultants." A third said, "They don't appear to be too understaffed. He always has a one to one worker with him at all times." A fourth said, "They have quite a good system for covering people they draw people [staff] from other houses."

We asked staff if they thought there were enough staff on duty to care for children safely day to day. One staff member told us, "We do have people ring in sick from time to time but we have a big bank of staff we

can draw on". Another staff member told us, "Sometimes it's busier than others, especially if you're not doing a one to one but the care never suffers, I can definitely say that." Our observations on the day confirmed this.

People and relatives felt that the service was always clean and that staff followed good infection control practices. One relative told us, "You always see the cleaners about. When children are at their sessions guys [staff] deep clean the rooms." Another told us, "I do see them [staff] wear gloves. A third told us, "[The service] is very clean. Cleaners in every day." We saw staff wear gloves, wash their hands and use hand gels throughout the inspection. One relative said, "Infection control is very good even with reminding me to wash my hands." Staff understood the importance of infection control. Each time we walked into the different accommodations we were reminded to use hand gels. We were also requested to wear shoe covers when entering the swimming pool area and we saw other staff using them.

Incidents and accidents were recorded and action taken to reduce the risks of incidents reoccurring. One relative told us, "Every time something happens [with their family member]. Last week he tried to get out of bed they've changed his bed and put mats in his room." There was detailed information around how the incident was followed up and what steps had been taken. For example there had been a discrepancy identified on a person's medicine chart. As a result the frequency of the care plans audits were increased and further training was provided to staff. Weekly and monthly analysis was also undertaken on all accidents and incidents to look for trends.

Inspected but not rated

Is the service effective?

Our findings

The Trust wanted to be recognised nationally and internationally as a leading research centre specialising in developing clinical and education research programmes for the benefit of children and young people with brain injuries. As a result of one programme (that one person at the service was involved in) called 'Self-awareness after a traumatic brain injury in childhood'; staff developed increased understanding particularly around how the person with a brain injury perceived themselves. Another research programme included Modified Constraint-Induced Movement Therapy (CIMT). The research showed that therapy for people needed to be continued for many hours a day. This meant that staff knowledge improved and people developed a better understanding of their own conditions. Other projects were taking place including Lycra suit case study project and Parent experience of goal setting at The Children's Trust. All of the information around these studies were available on the Trust website. The Trust had links to rehabilitation centres in New Zealand and Canada and shared good practice and research with these organisations.

Each staff group working within their specialities, for example therapists and clinical staff, did so within their code of practice and conduct. One member of staff said, "We have our code of conduct. We do a journal club where we share different ideas with our peers and any new developments. We have a strong research team." We saw evidence of the use of Great Ormond Street Hospital and Royal Marsden manual practice guidelines. These were referenced through training sessions and competencies. Any new guidance for example from the National Institute for Health and Care Excellence (NICE) would be discussed at the clinical governance meeting and then cascaded as appropriate to other staff.

Training was also provided to relatives and guardians to learn about the medical devices and equipment that their family members depended upon. This was to ensure that they were prepared for and well-informed about the care their family members required when they left the Trust. One relative said that learning about the equipment meant that they could have some time alone with their loved one. They said, "We have been trained in looking after his tracheostomy so they [staff] can now leave him with us [in his room]." Another relative said, "We were given training on how we can continue the care. Picking up on techniques." A third fed back, 'You have taught us so much and we have the confidence to go forward and to the next step of getting him [their family member] home.'

Staff had the qualifications, skills, knowledge and experience required to provide the most appropriate care to people. Before staff started work at the service they underwent a detailed induction into the service. One member of staff said, "I've never had an induction that is so comprehensive and thorough. It's a big organisation to orientate. There is a lot going on. Most training is internal and by people who know what they are doing." One relative told us, "If a new carer has started work they will always ask me questions about him [their family member]. I see new staff shadowing other staff." Another relative said, "If there is a student nurse they always have an experienced person [member of staff] as well."

Staff received comprehensive training specific to the particular care that they were providing. One member of staff told us, "We have intensive care and (ventilation) training. It's really useful and an eye opener. Its good training here. Very good at telling you where you are [with your practice]." Training was provided in

variety of different ways dependant on the learning style of the member of staff. Power point presentations were available for staff around the Care Certificate (a set of standards that social care and health workers stick to in their daily working life). Training for all staff included epilepsy, diversity, oral nutrition, principles of infection control, psychological measurements and continuing to monitor health. One relative said, "It's just the perfect place for him [their family member]. Dedicated staff who know what they are doing."

Care staff had received appropriate support that promoted their professional development and assessed their competencies. Doctors and nurses at the Trust had to revalidate periodically to prove their skills were up-to-date and they remained fit to practice. Other health care professionals working at the Trust had to be registered with the Health and Care Professions Council (HCPC) including physiotherapists and occupational therapists. Staff told us they had regular meetings with their line manager to discuss their work and performance and we saw evidence of this. One member of staff said, "One to ones are very useful. Gives me confidence if I am struggling about how to go about something. If we have any concerns we can say this confidentially." One relative said, "It's nurse led and that's important to us. He [their family member] is very unpredictable and they [staff] knows his needs very well. They are amazing and full of experience." One external health care professional told us, "I have always found the staff to be helpful, open and honest, even when there are issues raised about practice. They are child focussed and have demonstrated that they are able to include learning, from our sessions and from external research and training, into practice."

We asked people and relatives what they thought of the food at the service. One person said, "It's really nice." Another person said, "The amounts are really nice. I have my own food sometimes. My parents bring in food but they make it here." One relative said, "He [their family member] has tasters. Some food he likes. He has been enjoying the food. They cook for him and [there is] always fresh and hot food. There are always options rather than one thing." Another relative said, "They cater for halal. There is also a good vegetarian option. If she [their family member] doesn't like it will get her something else. It's gourmet food." A third told us, "They are flexible with food. They will arrange for an alternative meal."

There were people that were unable to eat orally when they first arrived at the service. Through intensive work with staff and relatives some of these people were now able to take food and drink orally. One relative said, "He [their family member] drinks now. He gets choices from the menu and he is slowly putting on weight. He loves the food." For those people that had a PEG [this is an endoscopic medical procedure in which a tube is passed into a person's stomach through the abdominal wall] a dietitian visited the service weekly and advised staff about appropriate nutritional feeds and vitamins. Relatives were provided with training so that they could support their loved ones with their PEG feeds. We saw one relative provide their family member with a meal in this way.

There was one person that required support from the staff at the Trust to maintain a healthy weight. The relative told us that staff had helped and supported their family to lose weight. They told us that their stress had been "shared" with the staff at the service and that because of this they "can be a mum again." A member of staff told us, "We do a breakfast club to encourage children to choose as much as they can. Care staff will encourage drinks during sessions."

The registered manager told us, and relatives confirmed that the catering manager met with new people when they first arrived. There was a four week rolling menu that people could choose from and alternatives offered for those that wanted something different. Meals were provided in the accommodations. We saw that people were offered a choice of meals and people were involved in preparing their meals. The registered manager said, "The children are also encouraged to go to the dining hall as part of their rehabilitation where their families can join them." One relative told us that this was a great opportunity for

"Family time." People's religious and cultural needs were catered for. There was a separate fridge for kosher food and halal food was provided when wanted.

Staff at the service communicated effectively to ensure the best delivery of care. There were teams at the service consisting of care staff, doctors, nurses, therapists and a clinical neuropsychologist specialising in paediatric acquired brain injury. They attended multi-disciplinary meetings to decide on the most appropriate care for people. One member of staff said, "I think we work well together. We use these meetings to generate ideas. Address issues that may be occurring [in the person's health]. Every morning we have a handover for each child." One relative said, "When my son came here he was in a wheelchair. He is now walking. It's helped tremendously having the right treatment. Their [staff] dedication, innovation and professionalism is outstanding." Therapies were arranged to fit around classes for those people who attended the Trust school. There were individualised programmes of support for each person to ensure that they received the maximum support they needed. One relative said, "I am very impressed with the way they [staff] communicate. If I make a request to one individual the entire team knows about it. It's an outstanding feature." One external health care professional told us, "The interdisciplinary sessions have resulted in the health assessment pathway for looked after children being improved and most requests meet timescales and the quality has improved."

People and their relatives told us that health care professionals were always on hand for support that had a positive impact on the person's recovery. One person told us, "In OT [occupational therapy] we have played games like Monkey Business, Frustration and Connect 4 because it will help my hands as they are not strong anymore. One relative said, "If I say {family member's name] is under the weather they [staff] straight away get on it. Take his temperature. They take our view on it straight away. He will want to stay in bed and they tell him no as it's not good for your chest get up. It's his wellbeing they are interested in." Another relative said, "Over the months he's [their family member] improved. He had to be hoisted by two people. He kept trying to pull his trachy out and they changed his trachy. They got him to see a doctor at St. George's and it immediately stopped. That then led to them removing it completely." A third told us, "He [their family member] gets access to hydrotherapy, physio, psychotherapy, OT, SaLT [speech and language therapist] and a social worker. He wasn't able to move his arms and legs. Because of this [the therapy] he is now kicking a ball, can stand on his own and is eating three meals a day. He is saying words now."

Staff understood the impact on the recovery of people in relation to their input in their care. One member of staff said, "To give them [people] therapy enable their independence and participation in activities of daily living. One child didn't want to participate. I met with the child. Set them goals which is a good motivation and the child's attitude has completely changed. They are more independent now." Consultants worked at the Trust during the week and on weekends a GP did ward rounds to all houses. When out of hours, or when the GP was away there was an on- call GP service. One relative said, "They call the doctor when they need to. We work together to make sure he gets the best care. They make it easy for us to leave him [when they go home]."

For people with more complex needs information was routinely held in the A&E department at the local hospital. The trust also completed an 'emergency care plan' which was updated as required. This accompanied people on every outing, or transfer in emergency, thereby ensuring everyone was aware of their needs. One external health care professional told us, "The children and young people who are admitted [to hospital] always appear well cared for and the Children's Trust provides full care plan details of care needs. There is often a one to one carer who accompanies any resident requiring admission."

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 observed that staff ensured consent for anything they are about to do for a person and how they understand this by various methods as they get to know the children. For example we saw staff ask people an open question or give people a choice of two options as they were only able to identify one thing at a time. This was exemplified when a person was asked if we could meet them before we were allowed in their room. The member of staff waited for a while until they were sure that the person had given consent.

Inspected but not rated

Is the service caring?

Our findings

People and relatives felt that staff went the extra mile in relation to their caring attitude towards them. One person told us, "They [staff] are nice, kind and caring. Very nice to me." Another person told us, "I believe that the staff try their best to make a good social bond with the children. If you need listening to a staff is on hand to listen to you. A third person said, "With my speech it's been hard. It's been like a second home to me." One relative told us, "They [staff] are a friendly good bunch. They treat us as if it was their child and how they want their child to be treated. They actually care. He [their family member] keeps giving them [staff] cuddles." Another told us, "I think they are great. They go way above and beyond. He [their family member] had an operation and staff went in to support him on their day off. [Staff are] really kind give you the shirt of their backs."

Relatives told us that it was important for them to also have emotional support as well as their family member. One told us, "I feel supported. Staff listen to me. There is always a cup of tea on offer. If I get upset I know I can grab someone to talk to." Another relative fed back, "Staff would tell me to pop to Epsom and go shopping. It would give me a break knowing he was ok with staff." A third told us that they were told by staff that they could ring them at any time of the night. The family said, "I ring two or three in the morning just to check on my son and staff don't mind." One member of staff told us, "We help parents come to terms with their child's injury. Everyone is rooting for their child." Relatives told us that they received this support from staff.

Staff were highly motivated and offered care and support that was exceptionally compassionate and kind. Relatives of one person wanted their family member to be able to on holiday to Jamaica for their 18th birthday as they loved reggae music. Staff visited the airline company to check that they were able to take the medical equipment needed for the person. Through staff efforts the person was able to go on holiday. The relatives fed back, 'We would like to express our heartfelt gratitude to those who made this holiday of a lifetime for her. All your hard work and efforts will forever be appreciated.' Another relative told us that staff brought from home DVDs for their son to watch of a particular actor their family member liked. They told us, "He loved it. They [staff] are amazing." Another relative told us, "My son loves Chelsea [football team]. One of the OTs [occupational therapist] knew a Chelsea players and got his [their family members] shirt signed."

We observed excellent interaction between people and staff who consistently took care to ask permission, where appropriate, before intervening or assisting. There was a high level of engagement between people and staff. Consequently people, where possible, felt empowered to express their needs and receive appropriate support. When we observed hydrotherapy with one person staff understood the person's anxieties. Whilst the person was being lowered into the water staff chanted the person's name and cheered when they got in. The relative told us that this really helped their family member feel more relaxed and enjoy the experience more which we observed. It was evident throughout our observations that staff had enough skill and experience to manage situations as they arose and meant that the care and support given was of a consistently high standard.

People and relatives told us that they felt involved in their care planning. One person told us, "They [staff]

focused on what I wanted to achieve." A relative told us, "[Staff] interact with us. Its person centred care. If I have any questions or want the care plan changed they address this straight away." Another relative said, "[Staff] appreciate your views on the care that is needed. You need to know him [their family member] well and I think staff do." A third told us, "I am very involved in the decision making and I have attended all of his sessions." They told us that this was very important to them.

Care plans detailed what the person liked and did not like and staff ensured they familiarised themselves with this. One member of staff said, "Children's likes may change. For example one child liked [a musical band]. I printed off some posters of the band. They [the person] said they had a different favourite band and I updated the care plan and changed the posters." Another person liked a particular children's show and the member of staff printed off the characters of the show onto laminated cards so that they could play snap using them. People's rooms were individual to them and you could tell from the decorations and personal items what their interests were. A member of staff said, "Each person is so individual. You have to make sure that the children and families are part of their programme. The care is very personalised."

Staff used a variety of methods to communicate with people and were creative in their approach to this. One person, who was unable to verbally communicate, used a spelling board a board that the person would look at to spell out what they wanted to say) to explain to staff what their needs were. The relative told us, "The staff take their time with this and it really helps them get to know him. They get to the bottom of what's bothering him." We saw the person using this with staff. Assistive technology, including the use of switching and eye gaze, musical instruments and electronic pads were also used to assist in people's communication. One member of staff said, "You try and make the communication as fun as possible which in turns encourages the children to use them." One relative told us, "He [their family member] calls them over with his finger and they say 'not another cuddle' and staff cuddle him. They [staff] have developed a communication book with him which is great."

In addition to some families living on site other families and visitors were welcomed to the service. One person told us, "In the night they [their relatives] stay until I go to sleep. When I wake up they are on their away." One relative told us, "During the day we stay in a room on site. It's never a problem if anything they try and encourage parents to be here as much as possible."

This approach to people's human rights and equality and diversity were at the heart of the service. People and relatives were supported with their religious and cultural needs. Staff organised a Bar Mitzvah (a Jewish celebration) for one person at the service. Staff ensured that every day the person had their hair styled into side curls which was important to their practice of the Jewish faith. Another person was given time during the day to pray when they needed. The relative told us, "If when he [their family member] needs to pray and it falls at therapy times they give him a few minutes during the sessions. They are more than happy to accommodate this." A 'Spirituality Working Party' was set up that involved discussions with staff about how to ensure that all people of all faiths were supported at the Trust. We saw minutes of the meetings that discussed organising local clergy to visit people, the celebration of religious festivals and the development of a 'Spiritual Care' leaflet that we saw was available to people and their relatives. One member of staff told us, "We celebrate different festivals including Diwali and Eid. We all embrace it."

Staff ensured that people were treated with dignity and respect. One relative told us, "When they [staff] are giving him a shower they always cover him up. Staff always knock before they come in." We observed this happening through the day. Another relative said, "If I knock [on their family members door] staff will call out when it's not the right time to come in [if they are giving personal care]. They treat him like he is their child at home." Staff ensured that young adults at the service were not treated in an infantile way. One member of staff told us, "You have to be age appropriate with things that you offer. It's finding things that fit with

teenagers to try to get the motor skills going in a more mature way." One relative said, "They treat him as a 17 year old not a baby." Staff ensured that people were encouraged with their independence and support them to try to do things for themselves.

People were supported to move to other services or back home to their families at the end of their stay at the service. The registered manager said, "Some children need a swift transition. Some do overnight stays at the new service and decorate their rooms prior to moving in." One member of staff said, "When they are transitioning [moving to another service] we meet with the staff there. It's make you feel good when they [people] are moving on to other good services."

Inspected but not rated

Is the service responsive?

Our findings

People and relatives told us that they were involved in care planning. One relative said, "We are always invited to read his [their family members] care package. It's always available to us." Another told us, "Every time I think something needs changing [on the care plan] I will update it and sign it." A third said, "It's a partnership. Staff work with parents. We discuss what's required on the care plan and go through it to make sure its ok."

Staff used creative ways to ensure that relatives were able to access their family member's care plans and see update on what their family members had been doing when they were not at the service. There was a secure 'Parent Portal' which relatives could log on to where they could review updated care plans and see photos of their family member's activities. One relative said, "I can log in anytime and see the latest photos and videos of [family member] which is lovely. It's great to see her out and about on trips and also doing art and crafts and all the other exciting activities they do. It means I can show her family the lovely photos too." Another relative fed back to the Trust, 'Thank you very much for the photos [shared on the Parent Portal]. So amazing to see her [their family member] laugh like this. Well done for capturing such a special moment.'

Care plans were personalised and detailed daily routines specific to each person. Pre-admission assessments provided information about people's needs and support. This was to ensure that the service was able to meet the needs of people before they moved in. Staff gathered information from the time of referral from different sources in planning the person's care. For example, one care plan for a person with a brain injury showed that staff had gathered the person's medical history and the progress they had made since their brain injury. Staff then used this information to plan rehabilitation goals. One person told us, "I didn't want to get up at first. They [staff] pushed me to do it. I was able to make sushi. That made me feel really good. I felt like I was at home." Another person said, "I can physically speak better and I'm more mobile and move more independently." One relative said, "They [staff] were quite tough when they needed to be, realistic, you know? And if something, like treatment needed doing, we and [their family member] were pushed to do it. The staff were lovely with it but very professional and determined too. We needed that." Another relative said, "When I came here she [their family member] shone. To see the care and the progress was just fantastic."

There were detailed care records which outlined individual's care and support. For example, personal hygiene (including oral hygiene), medicine, health, dietary needs, sleep patterns, emotional and behavioural issues and mobility. Any changes to people's care were updated in their care records to ensure that staff had up to date information. Staff always ensured that relatives were kept informed of any changes to their family member. One relative said, "If they are planning to change his care plan they always consult us first." There was guidance for staff in people's rooms in photo format to show how people needed to be positioned particularly for those people who were unable to verbally communicate. Where people had seizures there was information available to all staff about the management of this. Staff on the day were knowledgeable about people's care needs. Staff told us that they completed a handover session after each shift which outlined changes to people's needs. Information shared at handover related to a change in people's medicine, healthcare appointments, therapies and the person's progress. Daily records were also

completed to record each person's daily activities, personal care given, what went well and any action taken. The staff had up to date information relating to people's care needs.

People and their relatives were positive about the activities that were on offer and felt that staff took great steps to ensure their family member was involved with things they enjoyed. One relative said, "They take him [their family member] on trips. Tuesday just gone he went to the circus went bowling." Another relative said, "We can go for walks. He [their family member] loves the soft play area." A third said, "It can be really busy. You can find him outside playing tennis for hours skittles or on the basketball court."

We saw there was a wide variety of activities and meaningful occupations on offer, including on-site educational facilities. We observed one session where a child was being assisted by both a teacher and a Speech and Language Therapist to learn and understand vocabulary. We observed the session was conducted in a playful and empowering manner; staff used positive reinforcement to ensure the person appreciated the gains they were making. One relative said, "They [staff] do their best to keep him [their family member] occupied. Every Friday he has a community outing." Each person at the service (where appropriate) was able to go out on an outing each week. Another relative said, "The Children's Trust worked hard encouraging [their family member] taking her on outings so that noises and people didn't make her feel distressed."

People and relatives fed back how the care and treatment provided by staff impacted their lives. One person said, "In the beginning I hated being here. By the time I left they helped me to walk and stuff." One relative said, "You see miracles happen before your eyes. He [their family member] has made so much progress." A third said, "It is an amazing place and they do extraordinary things. They support children with brain injury to live the best lives possible." A fourth said, "She [their family member] has made a fantastic recovery and is now back at school. Without their [staff] support we might not be where we are now as a family."

People and their relatives were encouraged to raise any concerns and they felt confident to speak up. One relative told us, "I would go to the nurse manager. Another told us, "I was approached at the beginning and given leaflets {complaints leaflet}." A third told us, "We have spoken to her [the manager] about something in the past and they dealt with it straight away." A fourth relative said that they raised a concern about how their family member was being positioned in the bed. They said, "I raised this with the manager and it was dealt with straight away. It's nice that they listened." A fifth relative said, "There is a good communication channel here. I raised a concern and I was impressed by the way it was managed." Complaints had been investigated thoroughly and people and their relatives were satisfied with the response. There was a complaints policy in place and leaflets were in each of the accommodations asking for feedback from people and relatives.

Inspected but not rated

Is the service well-led?

Our findings

At the previous inspection in September 2016 we found that records were not always easy to navigate as some were paper based and some were electronic. On this inspection we found that this had been addressed. All the information was now in one place. People's notes were in good condition, were easy to read and the filing, and storage of notes was secure.

The provider's vision and values were at the heart of the service. The registered manager told us, "Values play a big part of the Trust ethos." People and their families were involved in the creation of the Trust values that were displayed on the Trust website and all around the service. One of the values was 'fun' and a member of staff told us that it was their vision to make their house "Magical' for children." They said they wanted to find a way to ensure people had memories to take home with them so that it was always seen as a "Happy place." A relative told us, "It's very good here. It's full of fun. They are quite a young group [referring to the staff]. It's good for a laugh and very relaxed. You feel nothing is a problem." Another relative said, "'Staff are very friendly and polite. They always try and make him laugh, always try perk him up and make him happy." We observed one member of staff making a person laugh. The relative said, "All you want to see is [family member's name] smiling." Another member of staff said, "We are here to provide the best care. Make it happy and comfortable for children and families." A third said, "We have our Trust values. They are clear all over the intranet and the website. I think we all naturally work towards those values." A relative fed back, 'I think he [their family member] is thriving and I am a better parent because of what I learned from people [staff] at the Trust.'

People and relatives thought highly of the leadership at the service. Comments included, "The manager is lovely. I always see her out and about. She is always present. She went to New York and brought [family member's name] a hat. He loved it"; "They [management team] seem very committed. They always look after the parents", "A lovely manager. What is good they have photographs at the front [of the management team]." Staff felt supported and respected by the management team. Comments included, "It's wonderful here and it's very well run I think. I wouldn't have stayed so many years if I didn't feel that way"; "It's quite a well-established team I think. I think we're really well supported to do our jobs. Not just by the managers but people like the volunteers and the local community", "It's the first time [when they started working at the Trust] I genuinely felt support by my manager and my peers. I was completely overwhelmed. All my colleagues are so supportive and friendly" and "I feel supported. It's the fact that they have invested in me."

The service strategy included looking at the long term sustainability of the service and openness and transparency. The Trustee told us, "We [the Trustees] want to be seen more." The Trustees each did a shadow shift at various houses. The Trustee told us, "It's for us to know more and for us to get a feel of what it's like for them [staff] on a day to day basis. Its helps us see how tough it is. Staff are now asking us things and being more open." One member of staff said, "The Trustees did shadow shifts which I thought was really good. It helped them understand what we do."

Staff told us that working at the Trust was rewarding for them. One member of staff said, "Working here makes me feel fabulous. I feel very proud that I've contributed to their recovery." Another told us, "You feel

proud working here. It's so rewarding to see the progress." A third said, "Everyone is so passionate about what we do and why. We focus on the child and what's important for them. We are all here because we want to be here. It's lovely to work with likeminded people." A fourth said, "I love working here. I love the care, the setting and how lucky we are. It's challenging but so rewarding."

Staff understood their roles and what they needed to do from senior management to staff working at the houses. Each house had a link director that sat in on committee meetings. One Trustee told us, "Staff are highly committed." They told us that staff were more open now in the meetings and that felt more at ease to say how they were feeling. One senior manager told us, "I attended a leadership course. It's made me reflect on my management style and hopefully we have passed those skills on." A member of staff said, "We know the management structure. She [the manager] is very good and approachable. She points you in the right direction. Firm but fair. What you see is what you get." Another member of staff said, "If the manager is not here you go to the shift leader. There is always someone to talk to." A third told us, "We know what young person we are working with. We work as a team and go and help other house if they need help." A fourth said, "It's a good friendly atmosphere here. We work in a team. You have to work well together to make it enjoyable." The policies of the Trust were understood by staff. A 'policy of the month' was available on the intranet for staff to review.

People, relatives and the public were engaged and involved in the service in a number of ways. There was a 'Brain Injury Hub' on the website where people and relatives were able to share and discuss their journey. There was also information available around different kinds of brain injury and how they can happen. We saw that there regular and ongoing discussions with people and their relatives on the hub. There were various meetings involving people and their families where they could feed back any improvements they wanted to see. We saw in the 'Parental Representative' meeting minutes that a gardening club was requested and this was now being set up. A Brain Injury Group (BIG) had been developed with people using the service and people in the community who had a brain injury. This was specifically aimed at young people to get together to talk about their experiences. One person fed back. 'Such a great BIG idea.' Plans were in place to invite some people that had used the service to come back to the Trust to review the facilities being provided now. People and their families were offered classes specific to the brain injury that people had. One parent told us, "We were offered brain injury classes. It teaches the child and parents about their child particular brain injury. It's very insightful."

There was a 'Children's Trust Open Day' for external professionals that were interested in knowing more about the rehabilitation, medical care and range of therapies the Trust offered. One professional fed back, 'The day was fantastic. Everything was useful, relevant and interesting.' Another example of involving the public included 'The Children's Trust's Real Journey of Acquired Brain Injury study day' that followed the personal journey of a child and their family from the moment of diagnosis through to living everyday life with an acquired brain injury. This presented the family's perspective as well as that of healthcare professionals. One professional fed back, 'Being able to visit the Trust, to now be able to visualise the services available. It was nice to meet team members.'

Staff were regularly asked for feedback that led to improvements at the Trust. Regular meetings were held and surveys were completed. We saw a recent survey that had taken place that was going to be presented to the board of Trustees. Staff told us that they felt listened to. A member of staff said, "I feel listened to. When I go to other services and I see something different I bring the idea back. They are willing to listen." They told us that they suggested different places to take people on their days out and this has been actioned." Another member of staff said, "We are asked to complete surveys. They feed back the findings. We have team days." A third told us, "We raised a moving and handling issue with one child as we felt this was a strain on our backs. We have been given additional guidance to help with this." A fourth told us that staff used

wheelchairs for the day to see how accessible the building was. They said, "We realised that some areas of the mansion are hard to use independently in a wheelchair so some improvements are being made." A fifth told us, "I feel valued by my colleagues and my manager. Overwhelmingly. They are so enthusiastic. Managers listen and take things on board. They take on board your opinion and expertise." They told us that they had suggested a re-structuring of skill mix of staff. They told us that this was in progress. A sixth said, "We are not afraid of change. It's so refreshing. They [staff] know the areas to improve. That could be evidence based care that dictates the care we provide.

There was a comprehensive system of audits that were being used to improve the quality of care. Each audit included an action of things that required improvement and time scales for these improvements. For example, additional lap tops were provided in some of the houses so that staff were able to access computer resources quicker and easier. As a result of another audit additional training was required for staff in relation to documentation. We saw that this had been actioned. Every action as a result of audits was regularly reviewed by senior management for their progress.

The Trust worked in depth with partner agencies and external professionals. There were links with the local GP surgery, the local authority, hospitals and transition from children's to adults services. One health care professional said, "[The registered manager] has visited [the hospital] and has agreed to support our education programme within the adult wards. Staff in the trust have visited regularly." Another professional told us, "I work with many of Surrey's independent providers and the staff at Tadworth are the most appreciative and pro-active in their safeguarding and looked after children learning.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events. Records were accurate and kept securely.