

# SC062079

Registered provider: The Children's Trust

Full inspection

Inspected under the social care common inspection framework

## Information about this children's home

This service provides residential care for children who have acquired brain injury, multiple disabilities and/or complex health needs. The service is registered as a children's home to accommodate up to 66 children across several separate houses. One of the houses is currently unused.

There is a non-maintained school on-site, registered with the Department for Education, that some of the children attend.

The service has been without a registered manager since August 2019.

This was an aligned inspection with the Care Quality Commission (CQC), for which there is a separate report available on the CQC website.

**Inspection dates:** 21 to 23 January 2020

**Overall experiences and progress of children and young people, taking into account** **outstanding**

How well children and young people are helped and protected **outstanding**

The effectiveness of leaders and managers **good**

The children's home provides highly effective services that consistently exceed the standards of good. The actions of the children's home contribute to significantly improved outcomes and positive experiences for children and young people who need help, protection and care.

**Date of last inspection:** 12 December 2018

**Overall judgement at last inspection:** outstanding

**Enforcement action since last inspection:** none

## Recent inspection history

<b>Inspection date</b>	<b>Inspection type</b>	<b>Inspection judgement</b>
12/12/2018	Full	Outstanding
20/02/2018	Interim	Sustained effectiveness
16/10/2017	Full	Good
20/09/2016	Full	Requires improvement

## **What does the children's home need to do to improve?**

### **Recommendations**

- The registered person must have systems in place so that all staff, including the manager, receive supervision of their practice from an appropriately qualified and experienced professional, which allows them to reflect on their practice and the needs of the children assigned to their care. ('Guide to the children's homes regulations including the quality standards', paragraph 13.2, page 61)
- Regulations 35-39 detail the records that must be kept in children's homes. All children's case records (regulation 36) must be kept up to date and stored securely whilst they remain in the home. Case records must be kept up-to-date and signed and dated by the author of each entry. Children's case records must be kept for 75 years from the date of birth of the child, or if the child dies before the age of 18, for 15 years from the date of his or her death. ('Guide to the children's homes regulations including the quality standards', paragraph 14.3, page 62)

## Inspection judgements

### Overall experiences and progress of children and young people: outstanding

Staff provide the children with high-quality individualised care and support. This results in the children making excellent progress, considering their specific complex health needs. Children have a wonderful experience that enhances their recovery, which includes some children learning to walk and talk again.

The staff have created an environment that feels like a home and not a hospital. The children can access activities that were once thought inaccessible, such as Laser Quest, swimming and a theme park. Memorable 'firsts' include one child being able to go swimming for the first time. The impact of such examples is far-reaching, with life-changing consequences. This child's father reported being able to hug his son for the first time in a long while during that swimming session.

Staff adapt and monitor the physical environment to meet the children's individual needs. For example, one child whose acquired brain injury is a direct result of a suicide attempt has their bedroom regularly assessed for risks. This is done sensitively, with the input of the child to determine the risks and to help with the completion of the daily assessments. This inclusive practice values the children and encourages their contribution to their own care planning.

All staff demonstrate warmth and empathy towards the children. Consequently, the children have trusting relationships with staff, who readily invest their time, energy and skill in response to the children's immediate and ongoing needs. The integration of therapists in each of the houses is a positive initiative, with the specialists available for advice and guidance. Staff are tenacious in their approach, working with other professionals to understand the underlying reasons for the children's behaviours. This team approach nurtures the children's mental and emotional well-being, which improves significantly, as well as their physical health. A large number of volunteers fulfil an important role and complement the children's experiences. Volunteers visit regularly to play games, do art, read to the children and drive them to appointments or activities.

The participation, inclusivity and quality of life team has empowered the children to express their views, wishes and feelings. There is innovative practice, such as the use of a system of touch-speech cues to promote effective communication with children who have severe communication difficulties. The new assistive technology team provides support when technology is needed to help the children participate. Children have a clear voice to say anything that concerns them, confident that staff will take them seriously. For example, staff arranged some bedroom space for a child to be near his friends while ensuring that the child had the necessary clinical treatment in another house nearby. In another example, staff converted another room into a music studio so that a child could pursue their interest in music.

The food champions group has brought about positive change, such as the preparation of healthy snacks for children with complex dietary needs and/or dysphagia. The recent

introduction of a pureed food meal that has the appearance of a regular dinner has been well received.

Staff plan the children's moves into and out of the home exceptionally well. Staff gather information at hospital or via video link, working with families and other professionals to plan the individualised care package for children with profound needs. This gives each child every chance of success during their time here.

Staff recognise the impact on families when a child acquires a brain injury. They provide additional support and a listening ear. One parent said, 'It is a fantastic rehabilitation for our child. The staff are amazing and help us with anything we need to help support our child. They have helped us to try and come to terms with the injury our child sustained.' Another parent said, 'It was the best decision I have made for my child to go to [name of organisation].'

### **How well children and young people are helped and protected: outstanding**

A strong and proactive response by a multidisciplinary safeguarding team, with challenge to external agencies if necessary, means that the children are kept as safe as possible. All staff are fully aware of the increased vulnerability of children with acquired brain injury. They ensure that there is a comprehensive wraparound package of care to keep the children safe. This includes an on-site social work team.

Senior leaders initiate a root cause analysis methodology in the event of any serious concerns. This is an exemplar of how to conduct an independent and thorough investigation with clear outcomes and learning. Key staff use a tracker to ensure that any recommendations and insights are not lost but become embedded in future practice.

A range of professionals conduct regular safeguarding audits that provide another layer of safeguarding. Staff are tested in their application of this safeguarding training, with concise action plans formulated to fill any gaps that are identified.

Children help the staff to understand how to keep them safe and happy. Staff complete risk assessments with, rather than, for the children. This means that staff have guidance to manage safely all aspects of the children's care when the children present a range of behaviours. It is noteworthy that no physical intervention is required. Rather, the staff support the children by following the detailed positive behaviour and emotional support plans agreed with the children themselves.

This is an inclusive environment that seeks to challenge potential discrimination. Creative staff successfully enable all of the children to participate in group activities; for example, staff ensured that a child could use the 'mock switch' to make a cow moo during a pantomime. Parents are actively involved in developing training for staff to help them to understand other cultures and customs.

Key staff show an excellent understanding of contextual safeguarding. They provide psychological assessments that identify potential or actual risks and that are shared with

other professionals. The newly appointed youth worker has played a significant role in supporting children to access the internet and social media safely, as their peers do, considering their increased vulnerability due to their acquired brain injury.

Inspectors were aware during this inspection that a serious incident that occurred at the setting in 2017 is under investigation by the appropriate authorities. While Ofsted does not investigate incidents of this kind, actions taken by the setting in response to the incident were considered alongside other evidence available at the time of the inspection, to inform inspectors' judgements.

### **The effectiveness of leaders and managers: good**

Senior leaders continue to develop the service through their recruitment of high-calibre, creative and innovative staff at all levels. A manager has been successfully appointed and she has made an application to register with Ofsted.

There is a vast range and experience of multidisciplinary professionals, who maintain exceptionally high standards in meeting the needs of the children. It is noteworthy that the children are incredibly involved in the staff recruitment process. Their views carry great weight in the overall employment decision.

The new manager and responsible individual have undertaken a piece of work around staffing, recruitment and retention. They demonstrate a detailed understanding of how to develop the future workforce. This includes increasing the number of nurses, attracting more child support assistants and the introduction of nursing associates. This is a leadership team that knows the strengths and weaknesses of the service. Leaders prioritise work with the trust to develop strategic plans for continuous improvements to meet the aims and objectives in the statement of purpose.

Monitoring and governance constitute a strength of the service. The evaluation of routine reports is a model of excellence. Those responsible for governance demonstrate an extensive expertise in their subject area and its application in practice. This is a service committed to providing outstanding care through its own auditing and honest self-reflection.

Children who used to access the service also complete site audits. This is a commendable initiative that reaps benefits for all of the children across the provision. The children are empowered in the inspection process, holding senior leaders to account. The children have a budget to implement any immediate changes that they recommend.

Staff support children to be as independent as possible. Staff do not see disability as a barrier. The enhancing participation programme is impressive. Staff develop links with community groups to continue the development of children's skills even when they have left the setting.

Managers provide regular supervision to staff. Although staff say that this is helpful and supportive to them, the quality and frequency of supervision across the houses vary.

Senior managers formed a working group to assess how the necessary improvements will be implemented, such as extending the supervision training to more staff, strengthening safeguarding in the supervision process and considering the impact of vicarious trauma.

Some inconsistency in case records was a theme found during the inspection. Examples are differing advice for pro re nata (as and when required) medication and some risk assessments not updated. The legal status of each child accommodated was not always clear, nor the reason, in one case, for a change of name. There was no obvious immediate negative impact on the children.

Morale is high. Staff are devoted to their roles and determined to get the best possible outcomes for the children. A member of staff said, 'We are not doing a job or following a career path, but are answering a calling, a vocation. Being in the midst of this kind of place is really encouraging to me because I am constantly being reminded why I am here.'

Key staff across a range of disciplines are on national steering groups for acquired brain injury. For example, use of a toxin normally used for cosmetic purposes to aid upper limb rehabilitation, a research group to look at swallowing and a group to research incontinence and promote the disabled child's voice. The research and quality of work performed at this service are recognised through international accreditation schemes.

Senior leaders challenge other agencies and advocate for the children in their care. In one case, this has included escalating concerns to the children's commissioner for intervention.



## Information about this inspection

Inspectors have looked closely at the experiences and progress of children and young people. Inspectors considered the quality of work and the differences made to the lives of children and young people. They watched how professional staff work with children and young people and each other and discussed the effectiveness of help and care provided. Wherever possible, they talked to children and young people and their families. In addition, the inspectors have tried to understand what the children's home knows about how well it is performing, how well it is doing and what difference it is making for the children and young people whom it is trying to help, protect and look after.

Using the 'Social care common inspection framework', this inspection was carried out under the Care Standards Act 2000 to assess the effectiveness of the service, how it meets the core functions of the service as set out in legislation, and to consider how well it complies with the Children's Homes (England) Regulations 2015 and the 'Guide to the children's homes regulations including the quality standards'.

This inspection was carried out as an aligned inspection with the CQC regulatory inspectors and specialist advisers. Their findings were considered as part of this inspection.

## Children's home details

**Unique reference number:** SC062079

**Provision sub-type:** Residential special school

**Registered provider:** The Children's Trust, Tadworth Court, Tadworth, Surrey KT20 5RU

**Responsible individual:** Jayne Cooper

**Registered manager:** Post vacant

## Inspectors

Keith Riley, social care inspector (lead)

Liz Driver, social care inspector

Suzy Lemmy, social care inspector

John Pledger, social care inspector

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