Seashell Trust

Seashell Health Service

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Outstanding ☆
Are services safe?	Outstanding ☆
Are services effective?	Outstanding ☆
Are services caring?	Outstanding ☆
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Outstanding ☆

Summary of findings

Overall summary

This is the first time we have inspected this service. We rated it as outstanding because:

- The service was safe. Risk assessments were extremely detailed and personalised. They clearly explained to staff what the risks were and how to manage them. There was only one vacancy within the service, staffing was planned around the needs of the group of children and young people who were attending the school and college at that time. The safeguarding processes at the service were robust. There were comprehensive systems to keep people safe, which took account of current best practice. The whole team was engaged in reviewing and improving safety and safeguarding systems. People who used services were at the centre of safeguarding and protection from discrimination. The Registered Manager was the designated safeguarding lead, and the provider had external members on their safeguarding board for additional scrutiny of safeguarding concerns. The annual training package was developed to meet the needs of the children and young people that were attending the school and college that academic year. Although there were some mandatory training courses that ran year on year, others were completed for specific children and young people to meet their specific needs. Staff not only met good practice standards in relation to national guidance, they also contributed to research and development of national guidance. Staff reported incidents appropriately and they were used for learning and improvement. People were able to transition seamlessly between services because there was advance planning and information sharing between teams.
- The service provided effective care. There was a truly holistic approach to assessing, planning, and delivering care and treatment to all people who use services The service provided care and treatment based on national guidance and were commissioned by NHS England to produce some of the national guidance around hearing checks for special residential schools. Every member of staff was trained in positive behavioural support, and it formed the basis of all work they did with children and young people. The service had recognised that traditional outcome measuring tools did not always pick up on the less noticeable improvements that some of their children and young people made, these small improvements were sometimes massive for that individual. The team had therefore, researched different outcome measuring tools and found one that would recognise these key achievements in a measurable way. Staff had worked hard over the last twelve months to improve communication with families and carers around the mental capacity act. This was a particular focus for those children who were due to turn 16. Easy read leaflets and information was provided by the service to those families to ensure families and carers understood the differences in consent for over 16s. The continuing development of the staff's skills, competence and knowledge was recognised as being integral to ensuring high quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice, with many staff attending national conferences to present about their work and research.
- People are truly respected and valued as individuals. Student and carer feedback about the staff was universally positive. Carers of Children and Young People told us that the staff had changed their lives and that the level of support they received had gone beyond what was expected of them. Children and Young People felt that staff genuinely cared about their wellbeing, and took the extra time needed to get to know them individually. Children and Young People were truly partners in their own care, they were empowered to have a voice and realise their own potential. Families/carers were involved in all decisions about their loved one's care and treatment, and the multi-disciplinary team spent time explaining different options available to Children and Young People, using innovative and creative ways to ensure Children and Young people maintained independence as much as possible.
- The service was highly responsive to the needs of the children, young people and their families accessing it. Children and Young people's individual needs and preferences are central to the delivery of tailored services The service was completely planned around the children and young people who would be attending the school and college for that academic year. Transition plans were detailed, and person centred. The service also had a raft of accessible information for the children and young people who used the service. This included, social stories about vaccinations

and taking medicines, easy read mental capacity act leaflets, pictoral guide to hydrotherapy and hearing checks to name a few. Families and carers told us they would have no reservations in raising concerns, and no doubt that if they did, these would be taken seriously. The service had access on site to a wide range of equipment, including innovative technology to ensure that children and young people using the correct equipment for their needs that was assessed as suitable by a qualified professional. This included a hydrotherapy pool and an audiology department.

- The service was well led. The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. There was a deeply embedded system of leadership development and succession planning, which aims to ensure that the leadership represents the diversity of the staff and Children and Young People. All staff told us that the senior team were visible and frequently spent time in the service, not only for meetings but to meet Children and Young People and get to know them and support the staff team. The senior team were experienced in their field and had worked in the specialised area for some time. The systems in place to support staff, enabled them to do their work much more easily. The team had a clear vision about the future for the service and were working hard to ensure this materialised. The strategy and supporting objectives and plans were stretching, challenging and innovative, while remaining achievable. The passion for the service shown by the senior leaders within the service was clear for all to see and staff remarked on how this leadership and support had impacted positively on the morale of the team. All staff we spoke to were extremely proud to work within health service and wanted to ensure that they did their best for the Children and Young People who were in their care. The team were involved in research to improve the service and presented regularly at conferences across the country about various aspects of the work they did.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for children, young people and families	Outstanding ☆	

Summary of findings

Contents

Summary of this inspection

Background to Seashell Health Service

Seashell Health Service provides nursing treatment and therapy for students who attend the onsite residential special school and college, all the services are run by the provider Seashell Trust. Students range from primary school age up to 25. The health team work with all children and young people in the school and college and team involvement is tailored for each student dependent on their needs.

Seashell Trust is a national learning disability charity and supports children and young adults with complex learning difficulties, disabilities, and additional communication needs from across the UK. They provide education, care, and support for people aged from two to 25 years at the school and college (the school was rated outstanding by Ofsted and the college was rated as good), in residential homes, and through supported living services, community facilities at the site in Cheadle Hulme. At the time of our inspection there was a Registered Manager in post.

It is registered for the following regulated activity:

- Treatment of disease, disorder, and injury
- The service registered with the Care Quality Commission in 2021 and has never been inspected.

What people who use the service say

We spoke to four children and young adults using the service. They told us positive things about their care, such as how they were looked after well, the staff were kind and how they were being supported to prepare to move on from the service next year.

How we carried out this inspection

We carried out this inspection as part of our ongoing monitoring process. The service had not been inspected before and had been registered with us since 2021.

The inspection team consisted of two CQC (Care Quality Commission) inspectors, two specialist advisors with experience working in this type of service, one expert by experience (someone with experience of using services or supporting someone who uses services) and a CQC medicines inspector.

Before the inspection visit, we reviewed intelligence we had about the service.

During the onsite inspection, we:

Carried out a tour of the environment, this included the clinical areas used by the team in the school and college, as well as areas where therapies were carried out.

Spoke with 11 staff including the Registered Manager and acting Lead Nurse.

Spoke to four children and young adults using the service

Spoke with 10 parents or carers of children and young adults using the service.

Summary of this inspection

Reviewed nine care records.

Observed four therapy sessions including, sensory integration, dysphagia session and anxiety management session.

Observed three students receiving their medicines.

Reviewed the medicines management processes at the service.

Looked at a range of policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

We found the following outstanding practice:

- The NHS Long Term Plan set out key ambitions to reduce health inequalities and improve access to healthcare for individuals where barriers currently exist. Children and young people with learning disabilities and autism may not be able to access hearing checks due to the nature of their learning disabilities. Seashell Health Service were commissioned by NHS England to design a clinical protocol to enable the delivery of the standard ear check protocol in children and young people with a learning disability. They would then create a training package to support the delivery from staff familiar to the child or young person, upskilling school, and college staff to perform ear checks safely and establish a proportion of unidentified ear and hearing related issues within the residential special school/college setting. This would then feed into the national programme to develop a service model and toolkit for wider roll out of ear checks in residential special school/colleges programme.
- The service had trialled several types of outcome measures over time. However, they often found that these were not sensitive enough to capture the sometimes very minor improvements in children and young people with such complex needs. They now used Goal Attainment Scaling (GAS). This was originally designed for adults with mental health problems, and captures person centred meaningful progress. Educational targets have always been set for the children and young people at Seashell. However, the health team wanted to find a way to measure the impact of the work they were doing with the children and young people they were working with. The nursing team were beginning to set targets to support individuals within the management of their health needs.
- Transition plans were lengthy and detailed. Due to the nature of some of the conditions the children and young people had, it was important to ensure that the transition to adult services was not only well planned but was done (for some people) in a sensitive, slow, and gentle way. We saw examples, of children and young people using social stories to explain to the person how their transition would happen in a way that they understood. Children and young people we spoke to who had recently transitioned from school to college or were due to leave college soon, were able to tell us all about their transition plans. The children and young people were heavily involved in these, as were the parents and carers. The plans were detailed and included a stepped approach to moving on. This included visits to new placements and meeting the new staff.
- Some staff were trained in Ayres sensory integration therapy. This specialist approach was carried out by therapists with post graduate training. It included individualised sensory motor activities carried out using a range of equipment including suspended equipment such as swings, working towards promoting an adaptive response and achieving a ‘just right’ state to promote participation in everyday activities. Sensory strategies and environmental adaptations were then used in classroom and residential settings to support the children and young people to

remain calm and regulated. For example, we observed a sensory integration therapy session during our inspection. This was an initial session and therefore, staff had set out different areas in a room to try and gauge what types of sensory equipment the individual may gravitate towards, this could then be imitated in the classroom for that child or young person. The equipment included tents, swings, and different textured materials.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for children, young people and families	☆ Outstanding	☆ Outstanding	☆ Outstanding	☆ Outstanding	☆ Outstanding	☆ Outstanding
Overall	☆ Outstanding	☆ Outstanding	☆ Outstanding	☆ Outstanding	☆ Outstanding	☆ Outstanding

Community health services for children, young people and families

Outstanding ☆

Safe	Outstanding ☆
Effective	Outstanding ☆
Caring	Outstanding ☆
Responsive	Outstanding ☆
Well-led	Outstanding ☆

Are Community health services for children, young people and families safe?

Outstanding ☆

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff had completed and kept up to date with their mandatory training. Mandatory training compliance overall was at 92%. This also accounted for a few staff who were on maternity leave so could not complete training. Positive behavioural support training was included in the mandatory training for all staff at Seashell Health Service. Mandatory training also included fire safety training, Mental Capacity Act, health and safety, moving and handling objects and safeguarding level 2. The safeguarding lead is trained to level 3 with Caldicott guardian training. Level one additional modules included Prevent, FGM (Female Genital Mutilation), CSE (Child Sexual Exploitation), KCSE and Channel.

Nursing staff received and kept up to date with their mandatory training. Staff were able to see online when courses were due to expire, it was staff's responsibility to ensure training was planned and booked in their allocated admin time. However, managers also looked at this during supervision and prompted staff to book and complete training who had not already done so.

The mandatory training was comprehensive and met the needs of children, young people, and staff.

Safeguarding

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

Nursing staff received training specific for their role on how to recognise and report abuse. The health team all completed face to face safeguarding adult and children training as part of their induction and then completed yearly refreshers of level 2 e-learning training. Level one additional modules were also completed, these included, prevent, channel, female genital mutilation, child sexual exploitation and keeping children safe in education. The Registered Manager was the designated safeguarding lead and had completed level three safeguarding and Caldicott guardian training as part of this role.

All staff who completed recruitment were also trained in safer recruitment and certain staff had completed additional professional training to support safeguarding such as Talking mats and Trauma informed care.

The service had future plans to work with the Local Authority safeguarding children and adult boards to enable them to offer additional level 3 training to staff within the health team.

Staff could give examples of how to protect children, young people and their families from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The provider had external members on their safeguarding board for additional scrutiny. This included representatives from adult's social care, an independent social worker, a college governor local LADO (Local Authority Designated Officer) teams, and Education Lead, it was chaired by an independent lead who was a Trustee and also the ex-CEO from an autism charity.

The service had a safeguarding dashboard which showed any concerns raised and what action had been taken, this was presented to the board on a termly basis for oversight of concerns and actions. There was a fortnightly safeguarding supervision meeting that was chaired by a social worker with experience of working in safeguarding. This was a forum for staff to get advice about any concerns they have around safeguarding. Staff had also completed extra specialist training on completing body maps for safeguarding purposes. During interviews potential new staff are always asked questions about their understanding and their responsibilities surrounding safeguarding issues.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect children, young people, their families, themselves, and others from infection. They kept equipment and the premises visibly clean.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff followed infection control principles including the use of personal protective equipment (PPE).

Staff cleaned equipment after contact and labelled equipment to show when it was last cleaned.

Assessing and responding to risk

Staff completed and updated risk assessments for each child and young person and removed or minimised risks. Staff identified and quickly acted upon children and young people at risk of deterioration.

Staff used a nationally recognised tool to identify children or young people at risk of deterioration and escalated them appropriately. We saw many children and young people with complex physical health issues that required constant monitoring from staff. This included complex epilepsy, diabetes, and tracheostomy. We reviewed the care plans for

these conditions and found them to be of a high standard. As an example, epilepsy care plans were clear and explained to staff step by step how to manage different types of seizures. The care plans were supported in development by the specialist epilepsy nurse and contained the voice of the young person. Use of emergency medication was clearly detailed.

Staff completed risk assessments for each child and young person on arrival, using a recognised tool, and reviewed this regularly, including after any incident. Risk assessments were completed for many situations and conditions at the service. For example, around use of the hydrotherapy pool, Covid-19, epilepsy, and mental health issues such as self-harm and risk of violence and aggression. All staff we spoke to were able to describe risk assessments for different children and young people on their caseload. We were also able to see form reviewing records how these were regularly updated to reflect the current needs of the student.

There were regular and ongoing assessments for students who were at risk of skin breakdown, weight loss, falls and malnutrition.

The service had a qualified nurse in mental health on the team who was able to give advice and support around any mental health concerns staff may have about students. They also liaised closely with the local NHS Trust for students who required mental health medicines and support.

The provider had a behaviour support team. They were there to support the staff working with the students to ensure that each young person was supported appropriately around their behaviour. Every student had a behaviour support plan in place, these were visible in the student's classroom and accommodation so that staff were able to easily locate this and read and understand it. Staff were trained as part of the positive behavioural support training about how to deescalate a potentially violent or aggressive situation. This included basic break away techniques. For staff working with students who may require some more formal restraint, the provider used a BILD approved course. This meant the course complied with the Restraint Reduction Network Training Standards. This was only taught to staff who worked with students who needed this approach and techniques that could be used and in what situation were clearly prescribed in the student's behaviour plan. The team tried their best to reduce risks so that regular restraints were not used. An example was a student who tended to pull long hair. That staff team wore baseball type caps with their hair tucked away, this reduced the risk of the student getting hold of staff's hair, therefore reducing the need for restraint. This was a similar technique for students that tended to bite others, the staff that worked with those students would often wear covers on their arms so that skin was not exposed.

Staff shared key information to keep children, young people, and their families safe when handing over their care to others. All students had a comprehensive health action plan which detailed all their health needs. These were reviewed formally on an annual basis but, this happened on a much more needs led basis.

Shift changes and handovers included all necessary key information to keep children and young people safe.

Nurse staffing

The service had enough nursing staff with the right qualifications, skills, training, and experience to keep children, young people, and their families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

Safe staffing

Community health services for children, young people and families

Outstanding ☆

The service had enough staff, who knew the children and young people and received in depth training to keep them safe from avoidable harm. The number of children and young people on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each child and young person the time they needed.

Staff teams were built around the children and young people. Prior to each school year the hours of input needed from each therapist was discussed and documented. The health team needed to ensure that staff were in post to be able to adhere to this plan**.** For example, if a student was identified as needing input from a nurse, a speech and language therapist and an audiologist, then the service would ensure that the student received the correct level of input from each of those over a given period of time (might be daily weekly or monthly sessions with each).

Nursing staff

The service had enough nursing and support staff to keep children and young people safe. There were several nurses in the health team. A school nurse, a lead nurse, a college nurse, a clinical nurse trainer and a mental health nurse.

The service had one current vacancy, for a Speech and Language Therapist for maternity cover.

The service did not use agency staff on a regular basis. There was only one example when one of the nursing team was on sickness leave long term that an agency nurse who was well known to the service was block booked to cover the whole period of sickness leave.

The service did not use agency nursing assistants. There were no vacancies for support workers at the time of our inspection.

The service had low turnover rates.

Managers supported staff who needed time off for ill health.

Levels of sickness were low and at the time of our inspection at 3%.

The number and grade of staff matched the provider's staffing plan.

Managers used a recognised tool to calculate safe staffing levels. The staffing numbers were decided directly by the needs of the children and young people they were funded to care for. This was then linked to the funding that children and young people received for their package of care across education and the health provision.

Medical staffing

The service was nurse led. However, they did have access to medics when required. The service had an agreement with a local GP (General practitioners) surgery where the lead GP for learning disabilities would visit the service on a weekly basis. Children and young adults who reside at seashell accommodation for 52 weeks were registered at the practice.

The GP visited weekly von a Thursday, the visits included completing annual learning disability health checks or reviewing any health-related issues that the service raise. This meant that the GP knew the students well and which ensured continuity of care. It also meant that students did not have to attend the GP surgery for routine appointments.

The GP communicated with children and young adults' families and liaised with other healthcare professionals involved in a student's care when required.

Records

Staff kept detailed records of children and young people's care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

Notes were comprehensive, and all staff could access them easily. The records were stored on an electronic system that was simple to navigate. It was password protected and required a log on to access. Paper copies of students care plans were kept in folders in the classrooms and accommodation, for staff to have access to these when needed. These were locked away at the end of each day.

When children and young people transferred to a new team, there were no delays in staff accessing their records.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes to prescribe and administer medicines safely.

Staff reviewed children and young people's medicines regularly. A regular review of Mental Health medicines took place for each student and outcomes were logged.

Staff completed medicines records accurately and kept them up to date.

Staff stored and managed all medicines and prescribing documents safely. Clinic rooms were clean and tidy with medicines stored appropriately.

Staff followed national practice to check children and young people had the correct medicines when they were admitted, or they moved between services. This was observed when students moved between school/college and the residential setting with medicines being booked in and out of the services.

Staff learned from safety alerts and incidents to improve practice. Regular audits were completed, and issues identified were then addressed in Medicine Workshops that staff attended.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

Incidents

The service managed safety incidents relating to children and young people well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children, young people and their families honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Community health services for children, young people and families

Outstanding ☆

Staff knew what incidents to report and how to report them. Incidents were reported via the electronic records system.

Staff raised concerns and reported incidents and near misses in line with provider policy. Staff that we spoke to during our inspection were clear on what needed to be reported and how.

The service had no never events.

Staff reported serious incidents clearly and in line with the provider policy.

Staff understood the duty of candour. They were open and transparent, and gave children, young people, and their families a full explanation when things went wrong.

Staff received feedback from investigation of incidents, both internal and external to the service.

Staff met to discuss the feedback and look at improvements to children and young people's care. There were regular staff meetings where recent incidents and any learning from them was discussed. For any individual learning, staff were spoken with as part of the supervision process to raise any concerns and implement any ongoing support that was required.

There was evidence that changes had been made because of feedback. An example of this was when an ambulance was called to the service for a student who required medical attention. As it was dark, it was difficult for the ambulance to know which part of the large site the ambulance was needed at. Learning from this incident included a review of the emergency protocol whereby staff who called an ambulance would allocate someone to wait at the main gate entrance to direct any ambulance crew arriving on site.

Managers investigated incidents thoroughly. Children, young people, and their families were involved in these investigations. Family and carers were heavily involved in the student's care. Whenever an incident occurred, staff would contact the family to inform them.

Managers debriefed and supported staff after any serious incident.

Managers acted in response to patient safety alerts within the deadline and monitored changes.

Are Community health services for children, young people and families effective?

Outstanding ☆

Evidence-based care and treatment

The service provided care and treatment based on national guidance and due to their expertise were commissioned by NHS England to produce some of the national guidance around hearing checks for special residential schools. They always used evidenced-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

Every member of staff within the service was trained in positive behavioural support. This approach formed the basis of all the work the team did with the children and young adults in the service. Some staff had gone on to study positive behavioural support at a more advanced level. Two members of staff (Mental health nurse and SaLT) had time allocated to work within the positive behavioural support team. Staff we interviewed told us that the PBS (Positive Behaviour Support) plans were incredibly detailed and allowed them to fully see the training they had completed in day-to-day work with the students. We saw evidence of this when we observed interactions between staff and students. Staff were using the techniques described in the plans we reviewed to ensure the student was relaxed and happy. If this was not the case we saw how staff used techniques that would relax the student or calm them.

The NHS Long Term Plan set out key ambitions to reduce health inequalities and improve access to healthcare for individuals where barriers currently exist. Children and young people with learning disabilities and autism may not be able to access hearing checks due to the nature of their learning disabilities. Seashell Health Service were by NHS England to design a clinical protocol to enable the delivery of the standard ear check protocol in children and young people with a learning disability. They would then create a training package to support the delivery from staff familiar to the child or young person, upskilling school, and college staff to perform ear checks safely and establish a proportion of unidentified ear and hearing related issues within the residential special school/college setting. This would then feed into the national programme to develop a service model and toolkit for wider roll out of ear checks in residential special school/colleges programme.

Nutrition and hydration

Staff gave children, young people, and their families enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for children, young people, and their families' religious, cultural, and other needs.

Staff made sure children, young people and their families had enough to eat and drink, including those with specialist nutrition and hydration needs. Specialist support from staff such as dietitians and speech and language therapists* was available for children and young people who needed it. The health team had its own speech and language therapy team (SALT). This consisted of a lead SaLT, an advanced specialist, 4 specialists, 2 newly qualified staff and a SaLT assistant. The lead SaLT was also the dysphagia lead. During our inspection we observed a dysphagia session over lunchtime.

Staff fully and accurately completed children and young people's fluid and nutrition charts where needed.

Staff used a nationally recognised screening tool to monitor children and young people at risk of malnutrition. We were able to see in records we reviewed that students were regularly weighed and measured to ensure their overall risk of malnutrition was monitored. We saw staff considered when students were more difficult to measure, for example those who were using a wheelchair and made adjustments for this. This ensured that risk of malnutrition was as accurate as possible.

Pain relief

Staff assessed and monitored children and young people regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Staff assessed children and young people's pain using a recognised tool and gave pain relief in line with individual needs and best practice. Staff were also trained in basic British Sign Language and a range of sign supported English. The children and young people had different aids (picture aids and speech generating devices) available to help them communicate their needs to the staff.

Staff prescribed, administered, and recorded pain relief accurately. An example was seen of an administration on a medicine administration records chart of pain relief that had been given. It included why it had been given, the dose administered and the time of administration.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for children and young people.

The service had trialled several types of outcome measures over time. However, they often found that these were not sensitive enough to capture the sometimes very minor improvements in children and young people with such complex needs. They now used Goal Attainment Scaling (GAS). This was originally designed for adults with mental health problems, and captures person centred meaningful progress. Educational targets have always been set for the children and young people at Seashell. However, the health team wanted to find a way to measure the impact of the work they were doing with the children and young people they were working with. The nursing team were beginning to set targets to support individuals within the management of their health needs.

The Occupational Therapy consultant at the service had delivered training for the team around the use of outcome measures with the aim of setting GAS goals for all therapy interventions across the coming year.

The plan meant that the children and young people would be involved in the process, and they would be asked what goals and achievements are important for them.

The SaLT (speech and language therapy) and OT team had also designed their own eating and drinking progression protocol which was completed annually for every child and young adult that ate meals on site. The data team were currently drawing together the data to be able to analyse this in more details. Each child and young person had a target based around their eating and drinking skills (except for those that were extremely high risk of choking and therefore, unable to increase independence). These targets were recorded on their eating and drinking guidelines which were available every mealtime for supporting staff to see and support the children and young people to work towards their goal

Where appropriate, the service used the Cohen Mansfield agitation inventory to demonstrate reduction in agitated behaviour. It had been useful in some cases to measure a reduction in agitated behaviour and note when there has been an increase in behaviour to help the team to target intervention from the MDT (Multi-Disciplinary Team) including the behaviour support team.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time.

Managers used information from the audits to improve care and treatment.

Competent staff

Community health services for children, young people and families

Outstanding ☆

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.

The clinical educators supported the learning and development needs of staff. The training that was provided by the health team was mostly done by the in-house team. This meant that lots of staff had the opportunity to attend training, then go on to finish a train the trainer course so this could be rolled out to the wider team. The training needs for the year were always guided by the needs of the children and young people attending the school or college. Therefore, the training programme was not only wide ranging but changed year to year dependent on the needs of the children and young people attending that academic year.

Managers supported staff to develop through yearly, constructive appraisals of their work. The strategic objectives for the team were set at the beginning of the year, these were then fed down the appraisals via the manager and then the rest of the team. Any projects or training requests throughout the year were guided by the strategic objectives to ensure they fit in with the direction of the team.

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of children, young people, and their families. The recruitment process was robust. Checks were carried out around professional registration, DBS (Disclosure and Barring Service) and references. We were able to review staff files and found that for those in frontline roles, extra references were always sought beyond the usual two references required.

Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported clinical staff to develop through regular, constructive clinical supervision of their work.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Team meetings were held on a bimonthly basis. We reviewed the minutes of the last three team meetings. We were able to see how the positive achievements of the team were celebrated and how incidents were discussed and learnt from.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers made sure staff received any specialist training for their role. There were staff who were completing more specialised training for their role. This included train the trainer tracheostomy, social stories, master's degrees in nursing, management training, tissue viability and many more.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers identified poor staff performance promptly and supported staff to improve. We were able to discuss examples of this and review how this had been managed. We saw evidence of support being given and involvement of HR for support for managers.

Managers recruited, trained, and supported volunteers to support children, young people, and their families in the service.

Multidisciplinary working

Nurses and other healthcare professionals worked together as a team to benefit children, young people, and their families. They supported each other to provide good care.

Staff attended and held regular and effective multidisciplinary meetings to discuss children and young people and improve their care. These occurred weekly.

Staff worked across health care disciplines and with other agencies when required to care for children, young people, and their families. The MDT at Seashell Health Service was well established and included a range of specialisms.

Staff referred children and young people for mental health assessments when they showed signs of mental ill health such as depression. There was a mental health nurse who was part of the team. This person had developed strong links with the local mental health trust. We were able to see where children and young people were reviewed by this service and support was provided for the young people and their families.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support.

Staff assessed each child and young person's health when they started at the school or college and provided support for any individual needs to live a healthier lifestyle.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported children, young people, and their families to make informed decisions about their care and treatment. They knew how to support children, young people and their families who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff understood how and when to assess whether a child or young person had the capacity to make decisions about their care. The service was working intensively with families of children who were approaching the age of sixteen and started this work early. This included discussions with families about the Mental Capacity Act and the implications once their child reached the age where they were able to give consent for complex decisions. This was sometimes a challenging time for families, especially given the complex needs of the children and young people. This work began as learning from an incident where a child had reached the age of 16 and a decision was needed about medical treatment. Learning for the service from this incident was that discussions about consent and capacity started early enough so that parents and carers were prepared in advance for complex decision making.

Staff within the health team had started a mental capacity act forum. This allowed staff to bring any concerns or questions surrounding the mental capacity act to the forum for discussion and support/guidance. Staff reported that they had found this helpful.

The link to the mental capacity act policy was shared at the end of the last team meeting for staff to refresh their knowledge in this area.

Staff made sure children, young people and their families consented to treatment based on all the information available.

When children, young people or their families could not give consent, staff made decisions in their best interest, taking into account their wishes, culture, and traditions.

Community health services for children, young people and families

Outstanding ☆

Staff clearly recorded consent in the children and young people's records.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. The initial training was an e learning package and face to face training was planned.

Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act.

Managers monitored how well the service followed the Mental Capacity Act and made changes to practice when necessary.

Are Community health services for children, young people and families caring?

Outstanding ☆

Compassionate care

Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for children, young people, and their families. Staff took time to interact with children, young people, and their families in a respectful and considerate way. We spoke to nine carers or parents during our inspection. The feedback regarding the service was overwhelmingly positive. People told us things such as

“It’s exceptional”

“I honestly can’t think of anything (they could do better). They really treat him as if he can do anything and it makes him think he can do anything. They’d support him through it if he couldn’t. “

“I can’t fault their communication”

“We knew physio and audiology were available, but we didn’t realise the extent of their attention.”

“They’re very approachable.”

Children, young people, and their families said staff treated them well and with kindness. Every person we spoke to told us that the service treated their loved one as an individual. They told us that staff were sensitive to the privacy and dignity of the children and young people, whilst trying to maintain a level of normality in everyday routines.

We were told that the staff were always warm and approachable and that they took the time to get to know the children and young people's families, carers and most importantly the individual.

Staff followed policy to keep care and treatment confidential. For example, bringing medicines to the classroom for the person, so they can remain in the class, but ensuring that confidentiality is maintained and that the persons privacy and dignity is maintained.

Community health services for children, young people and families

Outstanding ☆

Staff understood and respected the personal, cultural, social, and religious needs of children, young people, and their families and how they may relate to care needs.

Emotional support

Staff provided emotional support to children, young people, and their families to minimise their distress. They understood children and young people's personal, cultural, and religious needs.

Staff gave children, young people and their families help, emotional support and advice when they needed it. The team had recently employed a mental health nurse to give more specialised oversight to the mental health needs of children and young people. This meant that any mental health concerns were picked up more quickly and could be dealt with on site unless specialist input was needed from the local NHS Trust.

Staff supported children, young people and their families who became distressed in an open environment and helped them maintain their privacy and dignity. All staff were trained in positive behavioural support. This underpinned all communication with children and young people. Care plans were written with this approach in mind, this meant that staff knew what to look for as a sign that someone may be becoming distressed, but also had the correct tools to manage this and avert a crisis. However, if a person did become distressed, the techniques to calm them down were clearly documented, this care plan was always kept with the children and young people so that any staff working with them understood the plan and could act accordingly.

Staff understood the emotional and social impact that a child or young person's care, treatment or condition had on their, and their families, wellbeing. There was a family support team. This team were involved with all the families and carers right from beginning to end. They were there purely to support them and give advice and reassurance around their loved one's care.

Understanding and involvement of children and young people and those close to them

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.

Staff made sure children, young people and their families understood their care and treatment. Family and carers that we spoke to all told us that they were regularly and meaningfully engaged in their loved one's care. They found that communication was of a high standard. One family member told us that they could not fault the communication, and if staff did not know something immediately, they would seek to find the answer and come back to them very soon afterwards.

Staff talked with children, young people, and their families in a way they could understand, using communication aids where necessary. The children and young people at the service used a wide range of ways to communicate. This included British Sign Language, Makaton, now and next boards, pictorial boards, electronic communication device and some touch signing. Each child and young person had a clear communication care plan, this told us how that person preferred to communicate and what aids would be needed to ensure this happened. During our inspection, we observed care being provided. We also observed interactions between staff and students, and we spoke to children and young people ourselves to get feedback on the care they received. We found the care we observed to be appropriate for the communication needs of the student, maintained dignity and respect and was warm and friendly.

Community health services for children, young people and families

Outstanding ☆

We saw that communication plans were used effectively, and that children and young people always had access to the equipment they needed to communicate effectively. Staff received training in the communication methods that children and young people used, some were trained at a higher level to ensure that more expert advice could be given when required.

Children, young people, and their families could give feedback on the service and their treatment and staff supported them to do this.

There was a student ambassador role for young people within education who were age sixteen plus. Children and young people were able to put themselves forward for. The role involved children and young people in the service and allowed other children and young people to have a voice via the student ambassadors. The role allowed them to help visitors, share their experiences of Seashell, represent Seashell on social media, Communicating with members of the public, staff members and fellow learners. The role was voluntary.

Children and young people gave positive feedback about the service. We spoke to four children and young people about the service. We also observed care they were given over the two days we inspected the service. They told us positive things about their care, such as how they were looked after well, the staff were kind and how they were being supported to prepare to move on from the service next year.

Are Community health services for children, young people and families responsive?

Outstanding ☆

Service delivery to meet the needs of local people

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

Managers planned and organised services so they met the changing needs of the population. The service was completely planned around the children and young people who would be attending the school and college for that academic year. This included the training the staff would complete.

Facilities and premises were appropriate for the services being delivered.

The service had systems and equipment to care for children and young people in need of additional support, specialist intervention, and planning for transition to adult services.

Meeting people's individual needs

The service was inclusive and took account of children, young people and their families' individual needs and preferences. The service was adapted in several ways to help children, young people, and their families access services. They coordinated care with other services and providers.

Staff used transition plans to support young people moving on to adult services. Transition plans were lengthy and detailed. Due to the nature of some of the conditions the children and young people had, it was important to ensure that the transition to adult services was not only well planned but was done (for some people) in a sensitive, slow, and

gentle way. We saw examples, of children and young people using social stories to explain to the person how their transition would happen in a way that they understood. Children and young people we spoke to who had recently transitioned from school to college or were due to leave college soon, were able to tell us all about their transition plans. The children and young people were heavily involved in these, as were the parents and carers. The plans were detailed and included a stepped approach to moving on. This included visits to new placements and meeting the new staff.

Staff supported children and young people living with complex health care needs by using documents that detailed the care and treatment needs of the children and young people. These documents were extremely detailed and told the reader all about the person, their likes, dislikes, care needs, physical health conditions, medicines, behaviour support plans and risk assessments. For anyone who needed to be admitted to hospital, a more compact version of this document was detailed in a hospital passport.

Staff understood and applied the policy on meeting the information and communication needs of children and young people with a disability or sensory loss. As this was a health team within a special school and college, the provision for meeting communication needs was much more in depth than may be found in other settings. Staff were all trained to be able to communicate in a way that the child or young person preferred. This included, British sign language, Makaton, pictural communication boards and some electronic devices that particular children and young people used to communicate effectively. Some staff were trained in Ayres sensory integration therapy. This specialist approach was carried out by therapists with post graduate training. It included individualised sensory motor activities carried out using a range of equipment including suspended equipment such as swings, working towards promoting an adaptive response and achieving a 'just right' state to promote participation in everyday activities. Sensory strategies and environmental adaptations were then used in classroom and residential settings to support the children and young peopl to remain calm and regulated. For example, we observed a sensory integration therapy session during our inspection. This was an initial session and therefore, staff had set out different areas in a room to try and gauge what types of sensory equipment the individual may gravitate towards, this could then be imitated in the classroom for that child or young person. The equipment included tents, swings, and different textured materials.

The service had information leaflets available in languages spoken by the children, young people, their families, and local community. The service also had a raft of accessible information for the children and young people who used the service. This included, social stories about vaccinations and taking medicines, easy read mental capacity act leaflets, pictoral guide to hydrotherapy and hearing checks to name a few.

Managers made sure staff, children, young people, and their families could get help from interpreters when needed. Staff in the service were able to sign.

Access and flow

People could access the service when they needed it and received the right care promptly. There was no waiting time for children and young people to access care from the health team. This was because the funding package for each child or young person incorporated the therapy and nursing needs, they had and clearly stated how many hours of each therapy (e.g., occupational therapy, speech and language therapy, audiology) that person required per week.

Managers monitored the therapy hours provided to each child or young person by the therapy team. This meant they were able to review quickly if someone was accessing more or less hours than their plan documented they required and meet with the multi-disciplinary team to discuss why this might be and what can be done to support them.

Community health services for children, young people and families

Outstanding ☆

Learning from complaints and concerns

It was easy for people 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 their families in the investigation of their complaint.

Children, young people, and their families knew how to complain or raise concerns. All families we spoke to told us they would not have any fears about raising a concern with the service. For those that had raised concerns, they told us that they were dealt with very quickly and they felt they had been listened to.

The service clearly displayed information about how to raise a concern.

Staff understood the policy on complaints and knew how to handle them. Staff we interviewed were able to tell us about their involvement in concerns or complaints raised with the service.,

Managers investigated complaints and identified themes.

Staff knew how to acknowledge complaints and children, young people and their families received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service.

Staff could give examples of how they used children and young people's feedback to improve daily practice.

Are Community health services for children, young people and families well-led?

Outstanding ☆

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for children and young people and staff. They supported staff to develop their skills and take on more senior roles.

There was a small senior leadership team that were based on site, this included the Registered Manager. We spoke to fourteen staff, and they all told us that they felt well supported by the senior leaders. They all told us that the senior leaders in the service were visible, reliable, and knowledgeable about the service. Staff told us they were approachable and spent time with them working in the service. This included at team meetings, giving advice in difficult situations and taking part in important meetings regarding care and the staff team. Leaders understood the service very well. They understood what it was good at, what needed to improve and the challenges they faced going forward.

Children and Young People and staff all knew who the leaders were, could approach them and saw them often in the service. All staff and Children and Young People knew who the senior leadership team were. They were present in the

service daily and knew Children and Young People individually. This was clear at our inspection as senior leaders walked around with us, they addressed Children and Young People by name and were able to tell us about Children and Young People not only in terms of their care and treatment, but also their likes and dislikes, hobbies, and information about their families.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Staff, Children and Young People and their families were involved in decisions about the service, when we spoke to staff, we were able to get a clear understanding of where the service was going. The strategic objectives had been set for the next year, these included more work on measuring outcomes for the children and young people that reflected the small but sometimes momentous improvements.

Culture

Staff felt respected, supported, and valued. They were focused on the needs of children and young people receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where children and young people, their families and staff could raise concerns without fear.

Staff felt respected, supported, and valued by their peers and managers. Staff felt really privileged to work for the service. Staff we spoke to told us that they loved their work, they were proud to be a part of the children and young people's service. This was clear when walking around the service and speaking to staff. They all knew the Children and Young People well; Children and Young People told us that staff genuinely cared and had taken the time to get to know them. Staff were able to challenge each other in a constructive way for the greater good of the Children and Young People.

Managers were supported by human resources if they had concerns about staff performance and could access this quickly.

Managers supported staff during their appraisals and discussed career progression and development. We spoke to staff who had been supported to further their education through learning. Senior leaders had completed master's level qualifications. If staff found training externally that would benefit the service, this was encouraged and supported. We met with staff who were being supported to complete specialist training by the service. There were three levels of leadership training that staff could access. This started with a course for those with an interest in progressing into a leadership role, leading on to more in-depth courses at higher levels for those working in leadership roles and wanting to move into more senior leadership roles. All the professional leads had external supervision from someone from their own profession at a senior level.

Governance

Community health services for children, young people and families

Outstanding ☆

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Managers had access to data for their own team on the computer system. They could see immediately how their own team was performing. This would highlight any issues for managers to see, for example, if training were due to expire.

Managers had access to information that told them how the teams were performing. This included staffing, training levels and sickness levels. Leaders monitored this and discussed it month on month in the senior leadership meetings, to ensure that any issues were quickly identified. They quickly picked up on themes and trends that were emerging and were able to support teams to manage this.

Management of risk, issues, and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Staff kept the risk register up to date and knew how to escalate any concerns. Staff concerns matched those on the risk register. The managers had access to and could add to the risk register for the service. This could be escalated up to the provider level risk register if needed.

The service had clear plans for dealing with emergencies and staff understood these. The provider had a business continuity process which included identifying and mitigating the risks in relation to disruption of services including flooding or fire, pandemic, severe staffing shortages and other key risks.

Managers had good oversight of their own budgets.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Staff had access to equipment and technology that worked well and supported them to do their work. The care records systems were electronic. Staff told us that they had enough computers to access the records when needed.

Information governance systems clearly stated the policy on confidentiality of records.

Team managers had access to information that supported them.

Engagement

Community health services for children, young people and families

Outstanding ☆

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.

Staff, Children and Young People and their carers could access up to date information about the services they used and the organisation. The organisations website was very easily navigated and there was a lot of information included on it for Children and Young People and their families.

The organisation also provided a lot of leaflets for Children and Young People and carers on different health conditions, medicines, support networks.

Children and Young People and carers could give feedback about their care and in ways that reflected their individual needs. Managers used the feedback from Children and Young People and carers to make improvements to the service. There was a student ambassador role that children and young people could apply for. Children and Young People were encouraged to attend meetings and events and to take a lead. This was an opportunity for Children and Young People to give their views on service development and everyday service issues. Managers and staff involved Children and Young People and carers in decisions about changes to the service.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Managers gave staff time and support to think about how to improve the service and innovative ways of working. Managers supported staff to take part in research. There was a well-established involvement in research within the service, and staff presented regularly at conferences about different areas they excelled in. They took part in both internal and external research, this involved Children and Young People as well as staff. They had recently been involved in a project regarding hearing checks for children and young people with complex needs.