The Movement Centre

Quality Report

The Robert Jones and Agnes Hunt Hospital
Oswestry
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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Overall summary

We carried out an announced comprehensive inspection on 15 November 2016 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

Summary of findings

Contents

The Movement Centre

Services we looked at:

Community health services for children

Summary of this inspection

Background to The Movement Centre

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 service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Prior to the inspection, we reviewed information the provider had sent us as part of the Provider Information Request (PIR).We also reviewed notifications received from the provider since they were registered with CQC.

The inspection was carried out by two CQC inspectors.

The Movement Centre (TMC) has been in existence since 1996 and is an independent health centre specialising in assessment and treatment of children with cerebral palsy and other conditions affecting movement. They treat children aged one to seventeen years who have problems controlling their head, sitting, crawling, standing or walking and children who have poor trunk control. Drawing on specialist physiotherapists and bioengineers and using clinical trials, audit and research, TMC developed a unique and specific therapy called 'Targeted Training'. Children attend the centre from all over the UK to participate in a nine month course of 'Targeted Training' therapy.

There were eight members of staff employed at TMC. This included two specialist physiotherapists one of whom was the registered manager, two physiotherapy assistants, one fundraising and marketing manager, one office manager and one research consultant. A PhD student also worked at TMC in the position of research physiotherapist; they were due to complete the PhD in February 2017. There were two treatment rooms, one at each end of the building providing spacious private assessment areas.

The service sees between 40 to 60 children per year and accommodates a maximum of four children per day; two in the morning and two in the afternoon. For each child's appointment, a physiotherapist and assistant physiotherapist are allocated.

TMC are a charitable organisation, they are not directly funded by the NHS. Treatment may be funded privately by families or partly or totally funded by TMC. Funding can also be obtained from the NHS through local Clinical Commissioning Groups (CCG's) after an individual funding request had been submitted and approved. However, there was very little NHS funding available. The average cost of a course of treatment per child is £6,250.

TMC stands within the grounds of the Robert Jones and Agnes Hunt (RJAH) hospital and contracts some services from the trust such as domestic and maintenance support.

Opening times are Monday to Thursday 8am to 4:30pm and Friday 8am to 3pm.

There is a Board of Trustees in place and a Director of Clinical Services in post who is also the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager has been in post since 15 January 2015.

We interviewed the clinical director (manager), two trustees and all five staff members on duty. We looked at the case notes of four children who received treatment at The Movement Centre (TMC) and we looked at five records of staff recruitment and training for staff.

In order to gain feedback about the care and treatment patients received we spoke with three parents of patients over the telephone prior to the inspection. On the day of the inspection, we spoke with two parents and we reviewed 15 comment cards left by parents in our comments box.

Parents were very pleased with the support and treatment their children received at the centre and reported they were 'amazed' at the progress their children were making. Parents said staff always took time to assess their child; they were always listened to and given clear information about their child's progress. They thought the manager and staff at the centre were excellent and the overall experience their children received was outstanding.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that the service was providing safe care in accordance with the relevant regulations.

Staff followed clear processes in place to safeguard children from harm or abuse. Staff knew how to recognise and raise concerns about abuse.

Pre-employment checks were completed to ensure staff were suitable to work with children.

There were sufficient numbers of trained staff provided at each clinic appointment to meet the needs of the children.

The environment was clean and hygienic and equipment was maintained by the Robert Jones and Agnes Hunt Hospital (RJAH) maintenance team.

Although no incidents had been reported, we were assured that staff knew how to report concerns.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Evidence provided showed that by completing a 'Targeted Training' course a child was more likely to gain functional skills than with conventional physiotherapy alone. The provider maximised children's quality of life through enabling life-changing functional skills.

At each eight-week appointment, staff reviewed goals set with the child they were seeing; new goals were set and staff monitored completion of goals.

The manager completed annual staff appraisals, collaborating with staff to set objectives and personal goals.

Children's' records were in paper format and electronic. Paper records were secure and electronic records were password protected.

We saw that staff gained written consent from patients' parents or carers prior to commencing treatment.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Summary of this inspection

Staff treated children and their families with dignity, respect, and empathy.

Families were very involved in the decisions about their child's treatment. Staff were clear with families how they would need to support their child with their treatment programme at home.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Access and treatment was available for all children who met the criteria for the treatment therapy.

Staff started treatment as soon as funding was in place. Children did not have to wait.

The service had received no complaints in the previous 12 months.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

Governance arrangements were in place and staff knew about the service's vision and mission.

The manager monitored risks to the service. The manager regularly met with the staff team and trustees to review the risk register in order to reduce or remove risks and implement improvements.

Leadership was open and transparent. Staff felt supported in their roles. The trustees, manager and staff were committed to continuous learning and improvement.

Staff sought family feedback and acted upon this.

Community health services for children, young people and families

Safe	
Effective	
Caring	
Responsive	
Well-led	

Summary of findings

- Staff followed clear processes in place to safeguard children from harm or abuse. Staff knew how to recognise and raise concerns about abuse.
- Pre-employment checks were completed to ensure staff were suitable to work with children.
- There were sufficient numbers of trained staff provided at each clinic appointment to meet the needs of the children.
- The environment was clean and hygienic and equipment was maintained by the Robert Jones and Agnes Hunt Hospital (RJAH) maintenance team.
- Although no incidents had been reported, we were assured that staff knew how to report concerns.
- Evidence provided showed that by completing a 'Targeted Training' course a child was more likely to gain functional skills than with conventional physiotherapy alone. The provider maximised children's quality of life through enabling life-changing functional skills.
- At each eight-week appointment, staff reviewed goals set with the child they were seeing; new goals were set and staff monitored completion of goals.
- The manager completed annual staff appraisals, collaborating with staff to set objectives and personal goals.
- Children's' records were in paper format and electronic. Paper records were secure and electronic records were password protected.
- We saw that staff gained written consent from patients' parents or carers prior to commencing treatment.
- Staff treated children and their families with dignity, respect, and empathy.
- Families were very involved in the decisions about their child's treatment. Staff were clear with families how they would need to support their child with their treatment programme at home.
- Access and treatment was available for all children who met the criteria for the treatment therapy.
- Staff started treatment as soon as funding was in place. Children did not have to wait.
- The service had received no complaints in the previous 12 months.
- Governance arrangements were in place and staff knew about the service's vision and mission.
- The manager monitored risks to the service. The manager regularly met with the staff team and trustees to review the risk register in order to reduce or remove risks and implement improvements.
- Leadership was open and transparent. Staff felt supported in their roles. The trustees, manager and staff were committed to continuous learning and improvement.
- Staff sought family feedback and acted upon this.

Community health services for children, young people and families

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

Reporting, learning and improvement from incidents

- There had been no incidents reported by staff in the reporting period July 2015 to July 2016. The provider assured us that if an incident was to occur, it would be reported promptly. This was because there was a clear focus on safety at the centre and an open and transparent culture; we saw that the registered manager encouraged staff to report any issues.
- Staff understood their responsibilities to report incidents. They described how they would raise concerns, record and report safety incidents including near misses. Staff told us that if an incident with harm occurred to a child they carried out a root cause analysis and an action plan would be produced.
- There were no never events reported in the reporting period July 2015 to July 2016. Never Events are serious incidents that are wholly preventable, where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.
- Duty of candour (DOC) is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.
- The culture of the service encouraged candour, openness and honesty. Staff knew about the duty of candour and had received training on this.

Reliable safety systems and processes (including safeguarding)

- TMC was committed to protecting children from harm and abuse by working with other agencies to ensure they followed correct reporting procedures. The registered manager and staff kept an open dialogue with the child's physiotherapist and other professionals involved, as appropriate, throughout their period of care at The Movement Centre.
- Staff knew about the procedure to report concerns, had received training and were able to describe to us how they would respond to a concern. Any member of staff who detected signs of abuse would not attempt to investigate matters but would first immediately report their concerns to the registered manager or to the Robert Jones and Agnes Hunt Hospital (RJAH) NHS Trust's child protection staff.
- In March 2014, the Royal College of Paediatrics and Child Health published the Safeguarding Children and Young people: roles and competences for health care staff, Intercollegiate Document. The document defines the level of child safeguarding training, which is required for various staff groups. The document states that clinical staff working with children who contribute to assessing, planning, intervening and evaluating the needs of a child should be trained to level three. All staff at TMC were trained level two only. The registered manager confirmed that their safeguarding policy did not refer to level three training for staff.
- The registered manager told us that there would be at least two members of TMC staff who had been trained in child protection in attendance during any physical examination or other clinical assessment or treatment of a child (less than 18 years of age).
- Staff had not reported any safeguarding concerns in the period from July 2015 to July 2016.
- We checked all the staff recruitment files and saw that staff underwent relevant checks including Disclosure and Barring Service (DBS) checks to ensure they were suitable to work with children.
- There was a whistle bowing policy in place where staff were encouraged and enabled to raise concerns about poor practice. Staff told us they knew about this policy and would have no hesitation in raising concerns if they needed to.
- TMC received copies of relevant bulletins, including safety notices, issued by the Medicines and Healthcare Regulatory Agency and TMC addressed other health and safety issues via lines of communication established with RJAH.

- All staff attended the annual mandatory training at the RJAH hospital which included children's safeguarding level 1 and 2 , manual handling, basic paediatric life support, first aid, infection control, and fire risk.
- All (100%) staff had completed all but three mandatory training update sessions. Deprivation of Liberty Safeguards (DoLS) training was planned for March 2017; Mental Capacity Act 2005 training was planned for January 2017and Prevent (safeguarding) training was planned for March 2017. Staff had also received training in awareness of female genital mutilation.

Medical emergencies

- Should medical emergencies arise whilst a child was undergoing an assessment, staff would call emergency services through the 999 service and at the same time would also ring 2222 for hospital (RJAH) emergency team.
- All staff (with the exception of the research physiotherapist) were trained in basic life support and one staff member was designated the first aid lead.
- **Staffing**
- There were sufficient numbers of staff employed to ensure children were kept safe during assessments. If necessary due to staff illness, TMC cancelled any appointments and rebooked as soon as possible. Two physiotherapists, one being the registered manager led the Targeted Training programme. Two physiotherapy/ administration assistants supported them to assess the children, maintain and file records appropriately.
- There were eight members of staff employed at TMC. This included two specialist physiotherapists one of whom was the clinical director of the service, two physiotherapy assistants, one fundraising and marketing manager, one office manager and one research consultant. A PhD student also worked at TMC in the position of research physiotherapist; they were due to complete the PhD in February 2017.
- **Monitoring health & safety and responding to risks**
- TMC's parent organisation is The Movement Foundation (TMF). As a registered charity (No. 1075549), TMF is bound by the regulations published by the Charity Commission (CC). In compliance with the requirement for risk management, TMF maintains and annually reviews a risk assessment document that examines:
  - Governance and Management;
  - Operational risk;
  - Financial risk;
  - Environmental and external factors;
  - Compliance risk.
- There was a risk register in place that identified known risks to the service. This was regularly reviewed and amended to reflect current risks. The staff and trustees met monthly to discuss the risk register.
- The key risks identified by the provider were the risk of only having one supplier of the specialised standing frames; the reduction in the number of children being referred and the challenges with securing funding. We saw that they had taken steps to mitigate these risks, for example, over the past 12 months TMC have opened links with a second manufacturer to purchase standing frames. Marketing and fundraising activities were in the process of raising awareness of TMC and raising funds. Targeted Training education is offered to physiotherapists throughout the country to increase awareness of TMC.
- Each of the physiotherapists had professional indemnity arrangements in place, which is required by law and is a form of liability insurance. In reference to health professions, it is called 'malpractice insurance'.
- Staff conducted individual risk assessments with each child at the child's initial appointment. Staff kept these assessments as part of the patient records. An example of one such risk assessment was how staff could move and handle a specific child safely.
- The provider did not prescribe medication and none were kept on the premises.
- **Infection control**
- There were suitable hand washing facilities provided including hand sanitiser gel. We saw staff adhered to TMC infection control policy by washing their hands before and after each child's assessment.

Community health services for children, young people and families

- Domestic staff cleaned the premises daily and emptied bins. The environment was visibly clean and hygienic. Work surfaces, equipment and flooring were of the type that could be wiped down.
- There was no clinical waste or sharps used.
- All staff had received training in infection control as part of their mandatory training. We saw staff wiping down soft play equipment used for assessments after use.
- **Premises and equipment**
- The premises were well presented and suitable for the use of carrying out the regulated activity.
- There were two treatment rooms, one at each end of the building providing spacious private assessment areas. In each treatment room there was suitable equipment provided to facilitate physical assessments of each child.
- There was a reception area and desk with comfortable seating where parents could wait with their child upon arrival to the centre.
- There were two small offices and a larger office which could be used for staff training. There were several computers provided for staff use and each staff member had their own access code to the IT system
- Toilet facilities, including disabled facilities were provided.
- There were locked cabinets provided within the offices for the safe storage of patient notes and staff files.
- A storeroom provided safe storage facilities for equipment.
- There were ample disabled parking spaces provided for parents to park their vehicles at the front of the building.
- There was a ramp leading up to the entrance making the premises accessible for people with mobility problems.
- Portable appliances were tested and equipment serviced by the RJAH maintenance team.

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

(for example, treatment is effective)

Assessment and treatment

- The Movement Centre (TMC) maximised the child's quality of life through enabling life changing functional skills. Drawing on specialist physiotherapists, audit, research bioengineers and clinical trials, 'Targeted Training' effectively helped each child to gain movement control resulting in improved functional skills and independence.
- We saw evidence, which showed that by completing a 9-12 month course of 'Targeted Training' a child was up to four times more likely to gain functional skills than with conventional physiotherapy alone.
- We saw feedback that 'Targeted Training' had been delivering positive outcomes for 20 years with children as old as seven or eight learning to sit independently for the first time within a few months of starting this therapy. Some children at the centre had gained sufficient control of their leg muscles to help them stand and walk.
- The staff team worked with other organisations including universities in the UK and worldwide and were currently undertaking research projects to support Targeted Training.
- A research consultant and PhD physiotherapist research student worked closely with the centre to monitor the progress of the treatment and promote the success of the centre. On completion, their research aims to provide a quantitative outcome measure, using precise numbers and angles. This assessment tool would be used to assess trunk posture and movement in a regular physiotherapy clinic.
- Staff recorded initial physical assessments as a baseline measurement for each child. At the second appointment, the child would receive their purpose-built equipment. The child's 'personal targets' were set from a range of 32 key goals. At each

eight-week appointment, staff reviewed the child's progress and set on going goals. We saw evidence that almost all children had achieved some targets at this point and further targets were set.

- The staff monitored the outcomes of assessments throughout the training using a range of recognised measures and assessment tools. Segmental Assessment of trunk Control (SATco) is an internationally recognised validated measure, which tests the child's trunk control following a threat to their balance. The Paediatric Evaluation of Disability Inventory (PEDI) is an internationally recognised validated assessment, which evaluates change in a child's abilities over time, monitoring the effect of their therapy. The service also used Abilhand, which measures manual ability for children with upper limb impairments and Quality of Life Measure (QLM) assessments. Staff used these outcomes throughout the 'Targeted Training' as a guide to monitor progress. Each child received an end of course appointment whereby staff reviewed all outcome measures.
- Other assessments included Chailey Levels of Ability, which assessed the child's posture, and the Edinburgh Visual Gait Score, which demonstrated change in walking ability over time.
- From August 2004 to July 2015, 1,479 goals had been set for 503 children. Of those goals, 1,233 (83%) were achieved. Those goals not achieved (246) were due to medical issues arising or the child was found to be not suitable for the treatment.
- From August 2004 to July 2015, 807 'Targeted Training' courses were undertaken. Some of the 503 children who attended had returned for a further course to enhance the initial training results.

Staff training and experience

- We saw that the registered manager completed annual appraisals and regular supervision meetings for each member of staff, with objectives and personal goals set. Staff told us they felt the process was effective and rewarding.
- We saw that physiotherapists completed their individual continual professional development, as required by the Health and Care Professions Council (HCPC), their professional regulator.

- **Working with other services**
- Children who attended TMC maintained their link with the community NHS physiotherapist in their local area. The centre maintained an open dialogue with all professionals responsible for the individual child including their GP and relevant consultants.
- **Consent to care and treatment**
- We saw that staff obtained written consent from children's parents or carers prior to treatment. In addition, staff gained consent for video recording of each child's assessment. Assessments were recorded to help staff reflect on the physical needs of the child to help ensure the right kind of treatment was provided. We observed staff constantly interacting with parents and children at the time of the inspection. Staff explained what was happening and asked for consent and seeking permission before each physical exercise took place.
- Staff also gained consent for the use of children's pictures and progress prior to using these on the centre's website and social media for promotion purposes. The consent policy was available for all staff to refer to electronically.
- TMC staff shared examples with us of how they communicated with families of children receiving treatment. This ensured optimum support for families during, and on completion of the training. Parents we spoke with confirmed they valued the opportunity to contact the centre at any time.
- Following the initial meeting, the child's assessment findings were sent via letter to their GP, physiotherapist and orthopaedic/medical consultant.

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

Respect, dignity, compassion & empathy

- Families we spoke with said staff were professional, caring and communicated well with them. From the

child's initial assessment and throughout the remainder of their treatment, families told us that the experience was such they would recommend the service wholeheartedly.
- Families said they could ring the manager or any of the staff for advice.
- Comments received on the CQC survey cards included positive feedback, for example "excellent care", "well looked after" and "very friendly, staff very professional and such a positive experience".
- The provider sought feedback from families in an annual family survey and acted on suggestions and comments. Improvements had been introduced following the 2016 family survey. These included making the reception area more welcoming and improving the service's website.
- Staff said they spoke with parents about their expectations for their child and were always open and honest with parents about what may or may not be achievable for the child.

Involvement in decisions about care and treatment

- Staff kept families fully informed so they could make decisions about their child's treatment. This was through direct discussions during assessments. Staff also sent families a detailed written summary of the assessment and agreed treatment programme.
- We saw that staff discussed the daily therapy the child would need with families in detail before they went home. The manager told us that they expected families to be fully committed and involved in treatment because they would need to continue with the therapy with the child at home. The staff said it was very important for families to understand exactly what was required to continue their child's treatment programme.

Are community health services for children, young people and families responsive to people's needs?
(for example, to feedback?)

Responding to and meeting patients' needs

- The Movement Centre (TMC) assessed up to 18 children a week. Forty-eight children were undergoing treatment at the time of our inspection, with a capacity for 56 to be registered at any one time.
- The manager had met with the local Clinical Commissioning Group (CCG) to discuss the future of the service and explained the benefits of the programme.
- The office manager met all visitors attending the centre and ensured appointment times and meetings were on time to ensure children and their families were not kept waiting.

Tackling inequity and promoting equality

- Each child who attended the clinic had physical disabilities, which affected their movement. We saw the staff were very supportive and understanding to each child's individual needs and the needs of the parents.
- When staff at the centre identified that emotional support was required for the family they discussed this with the child's GP or physiotherapist and they ensured they offered support closer to home.
- Each child presented with various conditions, which had affected their development. The staff at TMC aimed to support them through increased mobility.
- Some children had a learning disability or mental health needs and required special help with communication. Parents were always present with the child and staff were trained to support a child with special needs such as using Makaton. Makaton is a language system that uses signs and symbols to help children communicate if they have difficulty speaking or hearing. Makaton training sessions had been provided to staff to help them with this.
- We saw how well staff interacted with two children at the time of the inspection.
- For people whose first language was not English information was available in different languages and staff had access to interpreters.
- Quiet rooms were available should a family need somewhere to be private and the Robert Jones and Agnes Hunt hospital prayer room was available as required.
- There was sufficient parking and an accessible entrance ramp to the building.

Access to the service

Community health services for children, young people and families

- Access and treatment was available to all children who staff assessed as suitable to undertake this, and to families who had secured the necessary funding.
- The provider received referrals from GPs, consultants, physiotherapists and families themselves.
- Initial assessments were booked following a referral. It was at this stage that staff determine the suitability of the therapy for the child.
- When staff had assessed a child to be suitable for treatment, the centre staff supported parents to fundraise to meet the cost of the treatment. The fundraising manager had a booklet to give parents ideas of what to do.
- There was no waiting list currently. However, payment was required before the training commenced.
- Parental commitment was required for the 'Targeted Training Therapy' to be successful. Attendance every eight weeks had to be agreed with the family for the child to gain maximum progress and appropriate re-assessment.
- Appointments were booked eight weeks in advance and confirmed in writing. Staff sent reminders one week in advance by email or text depending on the family preference. Staff explained to all families the importance of keeping the designated appointments to ensure the smooth progression of a course of therapy. If a child is ill, staff rescheduled appointments with as little delay as possible.
- Discharge from a course of therapy was followed up by a six month review appointment during which staff gave parents a final report giving all appropriate advice. Staff also sent this information to whoever referred the child, such as the child's GP, and also the child's local physiotherapist team. Families told us that they were made aware that TMC staff would be happy to assist them with any further advice if this was required in the future. Occasionally TMC staff considered it appropriate to liaise with other professionals within the community to convey messages regarding appropriate splinting or equipment for a child.

Concerns & complaints

- No formal or informal complaints had been received by TMC in the previous 12 months.
- A complaint policy was displayed on the corridor notice board. The treatment agreement letter, sent to parents or carers after the initial assessment, asked them to raise any issues, concerns or complaints directly with the centre.
- Suggestion cards and a post-box were available in the waiting area for visitors to leave their thoughts and suggestions. There were cards displayed on the walls all containing positive comments about the service provided.
- Parents we spoke with told us that they would know how to raise a concern and were more than happy with the service provided for their child.

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

Leadership, openness and transparency

- The management structure consisted of a board of trustees and a clinical director who was also the registered manager.
- Board of trustees meetings were held quarterly. The board of trustees had overall responsibility for the operational, financial management and governance of the organisation. This included quality, safety, safeguarding, patient experience and complaints.
- We spoke with two trustees who were clear about their role in supporting The Movement Centre (TMC). They explained how they gave support and guidance to the registered manager and staff to ensure the smooth running of the service. They explained how each trustee had various experience and could offer different skills to support the service. The trustees were positive about the visions and way forward for the service and were passionate about the services TMC provided and could provide in the future.

- The registered manager held general staff meetings monthly and clinical staff meetings weekly. Staff said these meetings were informative and presented an opportunity for them to raise any matters including any concerns and suggestions for improvement.
- Senior staff met fortnightly to discuss current and potential referrals to the organisation and the status of any CCG funding applications. They also met at the end of each month to discuss the financial management of the organisation and financial forecasting.
- Staff told us the registered manager was approachable, available to listen and had an open door policy where they always felt welcome to go and talk.

Governance arrangements

- Through regular monitoring of services, the management team and staff ensured a continuous improvement of patient services. Monitoring included an annual clinical notes audit and an annual patient survey.
- Staff received information governance training as part of annual statutory training.
- Weekly clinical meetings and monthly staff supervision was held. The registered manager held meetings during which they updated the board of trustees on any concerns or issues.
- There was a patient centred approach that included treating children and their families courteously, involving them in decisions about their care and keeping them informed at all times.
- TMC had a vision that all children who have a disability affecting their movement control are able to reach their full potential. The provider had a strategic plan for 2016/2017. This included updating their vision and mission and setting out new aims and objectives to help develop the service The trustees, manager and staff were all passionate about their vision for future plans to develop the service in order to reach more children in the community
- A risk management register was in place looking at key risk areas for the service and how these would be managed. The risk register was a live document that the management team regularly reviewed and updated. Before each trustee meeting, risks were reviewed and any amendments made. This involved updating any actions taken.
- The key risks identified by the provider were the risk of only having one supplier of the specialised standing frames; the reduction in the number of children being referred and the challenges with securing funding. We saw that they had taken steps to mitigate these risks, for example, over the past 12 months TMC have opened links with a second manufacturer to purchase standing frames. Marketing and fundraising activities were in the process of raising awareness of TMC and raising funds. Targeted Training education is offered to physiotherapists throughout the country to increase awareness of TMC.
- A fund raising and marketing manager fulfilled their role of raising awareness of the specialist training offered at the centre, including an annual seminar, fund raising events and an annual awards party. Children received awards for their progress and commitment to the training.

Learning and improvement

- The provider had carried out an analysis of their strengths, weaknesses, opportunities and threats (SWOT analysis) to see where they could improve. Identified strengths included; staff expertise and being the only current provider of 'Targeted Training' with strong proven outcomes. Links with other organisations and strong global links were also identified as strengths.
- An area identified as a weakness for improvement was having difficulty funding treatment for children. The provider had employed a fund raising/marketing manager to help improve this who brought new fund raising ideas and marketing skills to the team. The registered manager held meetings to discuss and agree an action plan to improve the service based on the findings of the SWOT. We saw a meeting was arranged for the end of November 2016 to discuss the latest SWOT analysis.

Provider seeks and acts on feedback from its patients, the public and staff

Community health services for children, young people and families

- The provider sought to maintain an open and honest dialogue with families. Parents confirmed this and told us the manager and staff were always happy to listen to ideas and recommendations.
- There was a suggestions box in the reception area of where parents were encouraged to make suggestions for improvements.
- The centre conducted a 'User Satisfaction Survey' each year surveying the families attending. The survey included questions about parents and carers first impressions, the initial assessment, the targeted training experience and overall impressions. Respondents are free to add other comments.
- The 2016 survey results showed 92% of families felt that staff provided a warm welcome on their first appointment. Sixty-one per cent of families felt very confident putting their children in equipment at the start of therapy and 48% of the families felt the information for parents on the website was very good.
- As a result of the 2016 families' survey, the provider took action to improve the reception area; to provide more information about 'Targeted Training'; and to discuss any concerns with families in more detail at the start of the course of therapy.
- A 'Family Pack' had been developed containing detailed information for parents. The provider had invested time in their website and with particular attention to the section relating to families.
  - Staff reported they were encouraged to contribute suggestions for improvements openly. This had included suggestions regarding the appointment process, fundraising ideas, decisions on décor, and choices regarding external training courses.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve
The provider must ensure that staff have appropriate safeguarding training. Staff had not received level three safeguarding training as per the Royal College of Paediatrics and Child Health intercollegiate document on Safeguarding Children and Young people: roles and competences for health care staff.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** Staff had not received level three safeguarding training as per the Royal College of Paediatrics and Child Health intercollegiate document on Safeguarding Children and Young people: roles and competences for health care staff.