

1234244

Registered provider: Horizon Care and Education Group Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home is owned and managed by a private organisation and registered to provide care for up to three children who may require support in respect of social and emotional difficulties.

Three children were living in the home at the time of the inspection.

The registered manager post is vacant. A suitably experienced manager has been appointed and has applied to become registered with Ofsted.

Inspection dates: 12 and 13 August 2024

Overall experiences and progress of children and young people, taking into account	inadequate
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How well children and young people are helped and protected	inadequate
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The effectiveness of leaders and managers	inadequate
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There are serious failures that mean children and young people are not protected or their welfare is not promoted or safeguarded and/or the care and experiences of children and young people are poor and they are not making progress.

Date of last inspection: 20 February 2024

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
20/02/2024	Full	Good
30/05/2022	Full	Outstanding
18/05/2021	Full	Outstanding
28/11/2019	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: inadequate

The quality of children's experiences in the home has been negatively affected by changes to staff and leaders. This has resulted in inconsistent and poor care practice by staff, together with a lack of continuity and effectiveness in the leadership and management of the home.

Managers and staff do not have essential information and up-to-date plans for children; these have not been received from the responsible local authorities. This prevents staff from fully understanding children's care needs, to support children to keep safe and make progress. Staff have raised this with social workers. However, when this has not been effective, leaders have not escalated concerns with the relevant local authority.

One child, who has been living in the home for over a year, does not have a permanence plan. There has been little progress in decision-making for the child. This undermines the child investing in building relationships and making progress. Leaders and managers have not escalated drift in the child's care plan with the local authority.

One child has good engagement in education, and he responds to individual work to progress his care plan and to establish his wishes and feelings.

Parts of the home environment have been refurbished and are comfortable and homely. However, staff have not ensured that all children's rooms and bathrooms are clean and hygienic. One child's room had evidence of the child smoking in the room. The room was so untidy and unclean that a recent fire risk assessment had assessed there were hazards to a child evacuating the room during the night. The independent visitor has repeatedly raised concerns and recommendations about this over a period of three months. This does not evidence nurturing care or respect for children's dignity.

There has been a lack of support for some children to help them with essential health appointments. Planning meetings have recommended individual work with children to influence decisions about their health and lifestyles. This has not been undertaken due to children's non-engagement with the work. Records do not evidence consideration of the impact on children's health of not attending appointments. Staff and leaders have not proactively considered strategies to effect change and promote children's health.

Similarly, some children are not fully participating in their education and training timetables. There have been education planning meetings, making recommendations about individual work with children to promote participation. However, staff have not

been effective in influencing children's behaviours and attitudes. Children's engagement has reduced. There have been changes in staff and managers in the home. One child informed their social worker that they did not want to attend education meetings with a member of staff they do not know.

There is little evidence of planning activities and social opportunities for children during the school holidays. Staff are not effectively or creatively consulting with children about their views and wishes. Staff and leaders are not demonstrating that they are aspirational and ambitious for children.

How well children and young people are helped and protected: inadequate

Children have behaviour support plans. These have been improved. They are succinct and include helpful information regarding triggers to behaviours, known risks and advice about what each child finds helpful to reduce concerning behaviours.

Two children use tobacco and vapes. There have been inconsistent responses by staff and managers to reduce children's smoking habits. This behaviour is not included in their behaviour support plan.

On two occasions, children have returned to the home appearing to be under the influence of substances. One child is known to use cannabis, at times, when in the community. Staff and leaders have not considered undertaking room searches to inform the assessment of risks associated with substance misuse and/or smoking behaviours.

One child is assessed to be vulnerable to the risk of criminal exploitation. There are known risks regarding substance misuse. The child spends frequent periods of time in the community with friends and family. There has been very little professional curiosity about how and with whom he spends his time. There are very few observations about his presentation when he returns to the home. Care planning for this child has not been proactive. There is little evidence of assessment of or direct work regarding family and friend relationships.

One child has reported to staff a small number of incidents of aggressive behaviour to him from another child living in the home. There has been no assessment of bullying behaviour. There is no clear, explicit strategy agreed with staff about monitoring this relationship. Individual work has been undertaken with the alleged victim but not the alleged perpetrator, due to this child's refusal to engage.

There are safe recruitment processes in place to ensure the fitness and suitability of the staff working with children.

The effectiveness of leaders and managers: inadequate

Since the previous inspection, there have been significant changes. The registered manager and the responsible individual have left. There has been a turnover of half

the staff team. This does not support continuity or consistency of care for children. Two of the children have lived in the home for over two years. The children have expressed their concerns about the negative impact of changes of staff and managers on their experience of living in the home.

There is monthly monitoring by the independent visitor, resulting in recommendations about what needs to change. Unfortunately, over recent months, several recommendations about the home environment and staff practice have been repeated. This means the monitoring of the quality of care children are receiving has had limited impact because leaders are not responding to the recommendations of the independent visitor.

A new manager has been appointed. He has applied to Ofsted for registration. He recognises that the change in the team has had an impact on the quality of care and staff practice. There is an action plan in place responding to recommendations of the monitoring of the quality of care by the independent visitor, leaders and a commissioning local authority. This action plan has oversight by senior leaders.

The manager has ensured that staff are undertaking relevant and essential training. There have been team meetings that have considered recommendations from the independent visitor and have included refresher sessions for staff regarding safeguarding scenarios.

Staff have not had regular supervision. This means staff have not had the opportunity to raise safeguarding concerns or any concerns with the welfare of the children or themselves. Managers have not had the opportunity to monitor staff practice and check staff's understanding of children's needs and/or the impact of staff training.

The quality of and impact of the care children are receiving do not fit with the ethos and objectives as set out in the home's statement of purpose.

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

Statutory requirements

This section sets out the actions that the registered person(s) must take to meet the Care Standards Act 2000, The Children's Homes (England) Regulations 2015 and the 'Guide to the Children's Homes Regulations, including the quality standards'. The registered person(s) must comply within the given timescales.

Requirement	Due date
The quality and purpose of care standard is that children receive care from staff who— understand the children's home's overall aims and the outcomes it seeks to achieve for children; use this understanding to deliver care that meets children's needs and supports them to fulfil their potential. In particular, the standard in paragraph (1) requires the registered person to— understand and apply the home's statement of purpose; ensure that staff— understand and apply the home's statement of purpose; protect and promote each child's welfare; treat each child with dignity and respect; provide personalised care that meets each child's needs, as recorded in the child's relevant plans, taking account of the child's background; provide to children personal items that are appropriate for their age and understanding; and make decisions about the day-to-day arrangements for each child, in accordance with the child's relevant plans, which give the child an appropriate degree of freedom and choice. (Regulation 6 (1)(a)(b) (2)(a)(b)(i)(ii)(iii)(iv)(vii)(ix))	30 September 2024
The health and well-being standard is that— the health and well-being needs of children are met;	30 September 2024

children receive advice, services and support in relation to their health and well-being; and children are helped to lead healthy lifestyles. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff help each child to— achieve the health and well-being outcomes that are recorded in the child's relevant plans; and understand and develop skills to promote the child's well-being. (Regulation 10 (1)(a)(b)(c) (2)(a)(i)(iv))	
*The protection of children standard is that children are protected from harm and enabled to keep themselves safe. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff— assess whether each child is at risk of harm, taking into account information in the child's relevant plans, and, if necessary, make arrangements to reduce the risk of any harm to the child; have the skills to identify and act upon signs that a child is at risk of harm; manage relationships between children to prevent them from harming each other; take effective action whenever there is a serious concern about a child's welfare; are familiar with, and act in accordance with, the home's child protection policies; and ensure that the premises used for the purposes of the home are maintained so as to protect each child from avoidable hazards to the child's health. (Regulation 12 (1) (2)(a)(i)(iii)(iv)(vi)(vii)(d))	30 September 2024
The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children's home that—	30 September 2024

helps children aspire to fulfil their potential; and promotes their welfare. In particular, the standard in paragraph (1) requires the registered person to— lead and manage the home in a way that is consistent with the approach and ethos, and delivers the outcomes, set out in the home’s statement of purpose; ensure that staff work as a team where appropriate; ensure that staff have the experience, qualifications and skills to meet the needs of each child; ensure that the home’s workforce provides continuity of care to each child. (Regulation 13 (1)(a)(b) (2)(a)(b)(c)(e))	
The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children’s home that— helps children aspire to fulfil their potential; and promotes their welfare. In particular, the standard in paragraph (1) requires the registered person to— use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(a)(b) (2)(h))	30 September 2024
The registered person must ensure that all employees— undertake appropriate continuing professional development; receive practice-related supervision by a person with appropriate experience; and have their performance and fitness to perform their roles appraised at least once every year. (Regulation 33 (4)(a)(b)(c))	30 September 2024

*These requirements are subject to a compliance notice.

Information about this inspection

Inspectors have looked closely at the experiences and progress of children and young people, using the social care common inspection framework. This inspection was carried out under the Care Standards Act 2000 to assess the effectiveness of the service, how it meets the core functions of the service as set out in legislation, and to consider how well it complies with The Children's Homes (England) Regulations 2015 and the 'Guide to the Children's Homes Regulations, including the quality standards'.

Children's home details

Unique reference number: 1234244

Provision sub-type: Children's home

Registered provider: Horizon Care and Education Group Limited

Registered provider address: Venture House, Prospect Business Park 12 Prospect Park, Longford Road, Cannock, Staffordshire WS11 0LG

Responsible individual: Alexander Lee

Registered manager: Post vacant

Inspector

Cathey Moriarty, Social Care Inspector

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