1241785

Registered provider: Priory Education Services Limited
Interim inspection

Inspected under the social care common inspection framework

Information about this children's home

The home is privately owned and run by an education specialist service provider. It is registered to care for up to 11 children who have learning disabilities, and focuses on caring for young people who have complex needs that may include autistic spectrum disorders and associated difficulties. The home is located within the provider's school campus, which the young people currently living at the home attend.

Inspection date: 15 January 2018

Judgement at last inspection: requires improvement to be good

Date of last inspection: 25 July 2017

Enforcement action since last inspection: none

This inspection

The effectiveness of the home and the progress and experiences of children and young people since the most recent full inspection

This home was judged requires improvement to be good at the last full inspection. At this interim inspection, Ofsted judges that it has declined in effectiveness.

This children's home has not had a registered manager since June 2017. Poor management arrangements and lack of direction have resulted in a failure to meet nine out of the 15 requirements made at the previous inspection. A new manager was appointed in December 2017; she, along with the senior leaders, have made some improvements. However, these have not adequately addressed the shortfalls. Consequently, the quality of care offered does not meet the standards required.

Poor recording of safeguarding concerns continues to hinder the senior leaders and other agencies' ability to evaluate the effectiveness of the home's safeguarding procedures. Records fail to demonstrate that child protection concerns are investigated and do not evidence that the staff respond to safeguarding concerns in line with

statutory guidance. Further, records do not provide a full account of actions taken in response to concerns or how the young people are immediately safeguarded when an allegation or concern is raised. Records do not detail decisions made or their rationale. Senior leaders and other agencies cannot be confident that all necessary actions have been taken to safeguard the young people and promote their welfare.

Failure to update Ofsted of the outcome of serious incidents and investigations continues to hinder the regulator in evaluating practice and ensuring that all appropriate actions have taken place to protect the young people.

Senior leaders have not reviewed all of the young people's risk assessments and there are omissions of key risks and insufficient strategies in place. Staff continue to fail to update the young people's risk assessments after incidents, including when a young person goes missing. Consequently, the staff remain unaware of young people's current risks and the actions they must take to protect the young people.

Managers fail to consider the suitability of the staff and of the environment to meet the young people's needs prior to admission. This is compounded by a lack of consideration of the potential impact of a young person's risk factors and behaviours on other young people. Consequently, the rationale for the decision to admit the young people is not clear, nor are the strategies to reduce the impact of the young people living together.

Insufficient knowledge of the legislation on smoking has resulted in the young people being allowed to make poor choices and decisions, which adversely affect their health. Staff have colluded with a young person's choice to smoke and have acted illegally by purchasing tobacco for a young person under the age of 18. The staff's passive acceptance of such poor choices fails to steer and guide the young person to reduce their smoking and does not promote their good health.

Recording of sanctions and physical interventions remain weak. The staff do not have sufficient understanding of what is a restriction of movement and as such are not recording such incidents as a restraint in line with regulation. A minority of records of restraints do not detail why a restraint is being used. Staff are beginning to record sanctions. However, in a minority of cases, sanctions have not related to the behaviour and the staff have not been consistent in the type of sanction used for the same behaviour. This approach does not aid the young person to learn from their actions. The ability of the managers and other professionals to evaluate the effectiveness of the young people's behaviour plans and to monitor the staff practice is compromised.

An ineffective development plan and lack of managerial oversight have hindered improvement. Senior leaders have failed to monitor and evaluate all aspects of the home adequately and, as a result, shortfalls have not been addressed. For example, the young people's records still contain inaccurate information and continue to provide an incomplete picture of the young people. The home's development plan has not been reviewed since August 2017 and the senior leaders have failed to complete a quality monitoring report in the timeframes specified within regulation.

The staff team is experiencing a shortage of permanent workers. To lessen the impact on the young people, existing staff are working overtime or bank staff known to the young people are covering shifts. However, in recent months some of the young people have made complaints saying that a lack of staff has meant that they have not been able to go out into the community or participate in particular activities in the home. The number of staff vacancies has also been a reoccurring concern raised at team meetings. Although senior leaders are taking action to address the vacancies, their strategies have not been successful in recruiting the required number of new permanent staff.

Insufficient action has been taken to improve the quality assurance systems for young people's medication. Numerous records stated differing doses of one young person's medication. This caused confusion and the staff spoken with did not know if they had been providing the young person with the correct prescribed dose. As a result, the young person may not have received the right amount of medication, compromising his health.

It remains unclear how the managers and the staff ensure that they are identifying and responding appropriately to the young people's concerns. The formal complaints procedure relates solely to complaints from parents or carers and downplays concerns raised by the young people as 'grumbles', with no reference to how these will be addressed formally when necessary. The procedure does not address how young people who cannot communicate verbally can raise concerns. There have been improvements in the documenting of the young people's complaints but not all of the forms are signed off by the young person; it is not clear if the young person is satisfied with the responses or not. One complaint does not appear to have been addressed.

Staff have implemented a 'communication dictionary' and a Picture Exchange Communication System (PECS) book to support young people who are unable to communicate verbally to share their wants and views. However, these are not being used consistently to promote the young people's participation. For example, key-work records and records relating to sanctions and restraints fail to demonstrate attempts by the staff to obtain the young people views. Several records stated that the young person was 'non-verbal' as a reason for not attempting to gain their feedback. This does not support the young people to have a voice and does not demonstrate an inclusive culture.

Improvements were noted in the recruitment checks completed by the provider to ensure that only appropriately vetted people were employed to work with the young people. Senior leaders have implemented a workforce development plan to ensure that the staff are aware of expectations around supervisions and training. Staff have ensured that the young people have access to Skype to be able to have regular contact with their families, so that young people are able to maintain relationships with the people who are important to them.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
25/07/2017	Full	Requires improvement to be good

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, 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
7: The children's views, wishes and feelings standard In order to meet the children's views, wishes and feelings standard the registered persons must ensure that staff— (2) (a) (ii) help each child to express views, wishes and feelings; (iv) regularly consult children, and seek their feedback, about the quality of the home's care;	16/03/2018
10: The health and well-being standard (1) The health and well-being standard is that— (b) children receive advice, services and support in relation to their health and well-being; and (c) children are helped to lead healthy lifestyles. In particular, support young people to reduce and cease smoking.	16/03/2018
12: The protection of children standard In order to meet the protection of children standard, the registered person must ensure that staff— (2) (a) (i) 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; (ii) help each child to understand how to keep safe; (iii) have the skills to identify and act upon signs that a	16/03/2018

child is at risk of harm; (v) understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person; (vi) take effective action whenever there is a serious concern about a child's welfare; and (vii) are familiar with, and act in accordance with, the home's child protection policies;	
13: The leadership and management standard In order to meet the leadership and management standard, the registered person must— (2) (a) 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; (d) ensure that the home has sufficient staff to provide care for each child; (f) understand the impact that the quality of care provided in the home is having on the progress and experiences of each child and use this understanding to inform the development of the quality of care provided in the home; (h) use monitoring and review systems to make continuous improvements in the quality of care provided in the home.	16/03/2018
14: The care planning standard In order to meet the care planning standard, the registered person must ensure that children— (1) (a) receive effectively planned care in or through the children's home; and (b) have a positive experience of arriving at or moving on from the home. (2) In particular, the standard in paragraph (1) requires the registered person to ensure— (b) that arrangements are in place to— (i) ensure the effective induction of each child into the home; In particular, ensure that when considering new placements, the registered manager evidences that she has fully considered the ability of the staff and the home environment to meet the child's need and the impact that the placement will have on the existing group of children.	16/03/2018
The registered person must make arrangements for the	16/03/2018

handling, recording, safekeeping, safe administration and disposal of medicines received into the children's home. (Regulation 23 (1))	
The registered person must ensure that— (a) within 24 hours of the use of a measure of control, discipline or restraint in relation to a child in the home, a record is made which includes— (iii) the date, time and location of the use of the measure; (iv) a description of the measure and its duration; (vi) the name of the person who used the measure ("the user"), and of any other person present when the measure was used; (vii) the effectiveness and any consequences of the use of the measure; and (b) within 48 hours of the use of the measure, the registered person, or a person who is authorised by the registered person to do so ("the authorised person")— (i) has spoken to the user about the measure; and (ii) has signed the record to confirm it is accurate; and (c) within 5 days of the use of the measure, the registered person or the authorised person adds to the record confirmation that they have spoken to the child about the measure. (Regulation 35(3)(a)(iii)(iv)(vi)(vii)(b)(i)(ii)(c))	16/03/2018
The registered person must establish a procedure for considering complaints made by or on behalf of children. (Regulation 39(1))	16/03/2018
The registered person must notify HMCI and each other relevant person without delay if an incident requiring police involvement occurs in relation to a child which the registered person considers to be serious. (Regulation 40(4)(b))	16/03/2018
The registered person must complete a review of the quality of care provided for children ("a quality of care review") at least once every 6 months. (2) In order to complete a quality of care review the registered person must establish and maintain a system for monitoring, reviewing and evaluating— (a) the quality of care provided for children; (b) the feedback and opinions of children about the children's home, its facilities and the quality of care they receive in it; and (c) any actions that the registered person considers necessary in order to improve or maintain the quality of care provided for	16/03/2018

children. (3) After completing a quality of care review, the registered person must produce a written report about the quality of care review and the actions which the registered person intends to take as a result of the quality of care review ("the quality of care review report"). (4) The registered person must— (a) supply to HMCI a copy of the quality of care review report within 28 days of the date on which the quality of care review is completed; and (b) make a copy of the quality of care review report available on request to a placing authority, if the placing authority is not the parent of a child accommodated in the home. (5) The system referred to in paragraph (2) must provide for ascertaining and considering the opinions of children, their parents, placing authorities and staff. (Regulation 45 (1) (2)(a)(b)(c) (3) (4)(a)(b)(c))	

Information about this inspection

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

This inspection focused on the effectiveness of the home and the progress and experiences of children and young people since the most recent full inspection.

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: 1241785

Provision sub-type: Children's home

Registered provider: Priory Education Services Limited

Registered provider address: Priory Group, 80 Hammersmith Road, London W14 8UD

Responsible individual: Hannah Cox

Registered manager: Post vacant

Inspector

Melissa McMillan, social care inspector

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