1244881

Registered provider: Time-Out Children's Homes Ltd

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This is one of a number of children's homes operated by a private company. The home is registered to provide care and accommodation for up to two children who have emotional and/or behavioural difficulties.

If required, children and young people can access the organisation's school and therapy department.

Inspection dates: 6 to 7 November 2018

Overall experiences and progress of children and young people, taking into account	**good**
How well children and young people are helped and protected	good
The effectiveness of leaders and managers	good

The children's home provides effective services that meet the requirements for good.

Date of last inspection: 4 July 2017

Overall judgement at last inspection: outstanding

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
04/07/2017	Full	Outstanding
28/03/2017	Full	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
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. (Regulation 12 (1)(2)(a)(i)) Specifically, ensure that known health issues are considered in relation to the use of physical restraint, and that any restrictions on practice brought about by these conditions are recorded in the child's individual crisis management plan.	28/11/2018
When the independent person is carrying out a visit, the registered person must help the independent person, if they consent, to interview in private such of the children, their parents, relatives and persons working at the home as the independent person requires. (Regulation 44 (2)(a))	28/11/2018

Recommendations

- Where the placing authority or another relevant person does not provide the input and services needed to meet a child's needs during their time in the home, the home must challenge them to meet the child's needs. ('Guide to the children's homes regulations including the quality standards', page 12, paragraph 2.8) Specifically, ensure that the records of statutory meetings, including children looked-after reviews, medicals and personal education plans are received from the relevant person within reasonable timescales.

- Staff should be familiar with the home's policies on record keeping and understand the importance of careful, objective, and clear recording. ('Guide to the children's homes regulations including the quality standards', page 62, paragraph 14.4) Specifically, ensure that each child's risk assessment is recorded

in a way that clearly identifies what their individual risks and vulnerabilities are, and what action staff are to take in the management of these risks.

- The registered person must demonstrate every effort to achieve continuity of staffing so that children's attachments are not overly disrupted. ('Guide to the children's homes regulations including the quality standards', page 51, paragraph 10.1) Specifically, ensure that there is a written plan that clearly identifies how current vacancies and future planned absences are to be covered. This plan should also take into account the young people's need to have positive male role models working in the home.

Inspection judgements

Overall experiences and progress of children and young people: good

Since the last inspection, one young person has been supported well to make a successful transition into adult services. During her considerable time in the home the young person managed to achieve several GCSEs, had her first holiday abroad and transitioned into a reasonably successful college placement, which continued after she left the home.

The child left in the home was consulted about the type of person they would like to live with. These views were genuinely considered as part of the matching process and have resulted in a good match being achieved. Staff understand the anxieties associated with moving into residential care. They do their utmost to alleviate these pressures and support sensitively a successful transition into the home. A social worker said, 'I feel that both the staff and the other young person were very welcoming and dealt with [name's] worries and concerns really well.' She went on to say, 'I have been a social worker for a number of years and feel that this home is one of the most welcoming, professional, friendly and well-maintained residential units I have ever visited.'

Both children are settled, happy and are making very good progress relative to their starting points and time in the home. They have confidence in the staff, who make a positive contribution to their lives. The children are exceptionally positive about their care experiences in this home; for example, one child said, 'They could not do anything better. I really like living here and everything is perfect. The staff are very patient, caring and you get a lot of opportunities. This is the right place for me.' The other one said, 'You can see that this is a welcoming home and it is a nice place to live.'

The staff recognise the importance of education, and work hard to promote and support good attendance. Strong links are maintained with education professionals to ensure that barriers to participation can be overcome quickly; for example, work with the virtual headteacher and a local school has secured a mainstream placement for the child who was recently admitted to the home.

Staff are ambitious for the children and make every effort to ensure that they are fully involved in planning their care. The children have a good understanding of their plans,

which are individually tailored to their specific needs. Staff maintain good links with partner agencies, including routine and specialist health professionals and placing social workers. These partnerships are used effectively to share information and achieve a cohesive multi-agency approach to care planning. This was confirmed by one social worker who said, 'Communication is excellent. The information they provide is always of a high quality and supports good child-centred planning.'

The children enjoy spending time with staff and enjoy a wide range of new and exciting experiences, such as holidays abroad. Staff encourage and support the children to pursue their individual hobbies and interests, which include street dance, horse-riding, girl guides and archery. Staff recognise the importance of these types of social experiences and make every effort to encourage friendships with peers from school or within the community. Memories are captured and recorded in individual journals, which serve as a reminder of the children's positive care experiences when they leave the home.

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

The children spoke affectionately about staff, whom they say they can trust because they care about them. Staff are good at building purposeful and trusting relationships that are providing children with a sense of belonging and safety. One child said, 'Staff are really helpful, and I get on with them all.' She went on to say, 'No doubt that I feel safe. The staff know me very well and know how to keep me safe.'

The staff demonstrate a good understanding of each child's behaviours, risks and vulnerabilities. Where appropriate, the expertise of professionals is gained; for example, staff have received training from the specialist diabetes nurse whose expertise has been used to develop risk management responses. This information is captured in the child's risk management plan, which is implemented effectively by staff. However, some aspects of this document are insufficiently detailed; for example, self-harm relating to the use of food is highlighted as a potential risk. The document does not identify what steps staff should take should this be an issue. This has clearly been considered as part of the training delivered by the specialist diabetes nurse, because staff are aware of and are implementing strategies for monitoring the child's calorific intake and medication routine. The nurse said, 'I have no issues with how staff are managing [name's] diabetes. Her needs are at the forefront of what they do, and they are very proactive at seeking advice and support when necessary.'

Children have a good understanding of their own risks and vulnerabilities. This is because staff talk to the children and offer advice, guidance and support that enables them to make informed choices about their own safety. As a result, incidents of risk-taking behaviour, such as going missing from home, are rare. On the few occasions that children have chosen to leave the home, staff have taken the right action to ensure their safe return. One young person said, 'I don't go missing often but when I do staff keep in touch with me. I always answer my phone because if I didn't they would be worried sick. They care about me loads.'

Bespoke training from therapists supports staff to gain an understanding of each child's past experiences and presenting behaviours. Staff use this information and the positive relationships they have with the children to effectively and sensitively help them to manage their emotions and feelings. The children are respectful of this and incidents of poor or challenging behaviour are infrequent. Consequently, the use of sanctions is rare and there have been no incidents of physical restraint since the last inspection.

Individual crisis management plans require improvement. Information pertaining to specific health conditions has not been considered or recorded in relation to physical restraint practice. This has the potential to place the child and staff at risk should the need for physical restraint occur in the future.

The effectiveness of leaders and managers: good

The manager is registered for this and another home run by the organisation and splits her management time between the two. She prioritises the needs of each child and is effective in modelling a nurturing and child-centred approach that is fully embraced by the staff team.

Achieving consistency of staffing has been a challenge at times. At the time of the inspection, only five of the nine team members were operational, due to staff leaving and other factors that have resulted in staff absence. To the credit of the remaining staff, they have worked exceptionally hard to limit the impact of staff absence; for example, by working additional shifts. This has promoted continuity of care but can only be a short-term solution to what is potentially a longer-term problem, with more staff due to take time off. Although the manager is hopeful that the two current vacancies will be recruited to, the absence of any formal staffing plan places an unfair burden on the remaining staff to cover known absences, such as maternity leave.

The core staff team responds well to meeting each child's overall needs. The team would benefit from an improved gender balance, as the composition of the current team is female-only. This means that the children do not have regular opportunities to develop trusting relationships with positive male role models, an essential component in the lives of children who have experienced less than positive relationships with adult males in the past.

Staff report high levels of satisfaction in the support they receive in the home and from the registered manager. Good use is made of team meetings and one-to-one supervision to enable staff to reflect upon their practice and discuss and plan each child's care. Staff talk with enthusiasm about their work and are exceptionally proud of the positive contribution that they are making to children's lives. Staff morale is high and there is a healthy focus on developing a skilled and competent workforce using personal development plans and regular training opportunities.

The manager has a good understanding of the home's strengths. She makes appropriate use of internal quality assurance processes to ensure that each child's care plan is current and is being implemented in the best interests of the child. The home benefits

from the scrutiny of an independent visitor who attends the home each month. This process could be strengthened by incorporating the views of professionals and, where appropriate, parents and family members, which is rarely the case currently.

The manager needs to be more proactive in her efforts to hold professionals to account when they do not provide statutory records, such as the minutes of children looked-after reviews, health assessments and personal education plans. A number of these documents were not included in children's files, one dating back to a review that took place in June 2018.

Suitable action has been taken to address the two recommendations made at the previous inspection. This has resulted in safer medication management and a better approach to ensuring that staff regularly update their mandatory training.

Information about this inspection

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

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

Children's home details

Unique reference number: 1244881

Provision sub-type: children's home

Registered provider: Time-Out Children's Homes Ltd

Registered provider address: Unit 2, Mill Fold, Ripponden, Sowerby Bridge, Yorkshire HX6 4DH

Responsible individual: Dominic Macauley

Registered manager: Jennifer Williams

Inspector

Paul Scott, social care inspector

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