1250039

Registered provider: The Place Young People's Company

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home is owned by a private provider and is registered to provide care and accommodation for up to four children and young people who have emotional and/or behavioural difficulties.

Inspection dates: 28 to 29 June 2017

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	requires improvement to be good

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

Date of last inspection: This is the first inspection since registration of the home in March 2017.

Key findings from this inspection

This children's home is good because:

- Staff understand children's individual needs. They are each making good progress because of the well-planned nurturing care and support provided.
- Children are happy and say that they feel safe. There are trusting relationships between children and staff. This means that children feel confident in the care

they receive.

- The therapeutic model of care used in the home is broadly understood by staff and is a part of the culture of the home.
- The staff care well for children with extremely complex needs. The commitment and resilience of staff is evident, when viewed against the diverse and challenging behaviours presented over recent months.
- Every opportunity is taken by staff to reflect on events, and to identify learning points which are used to inform future care planning.
- Children take part in a range of stimulating activities, providing them with opportunities for personal development.
- While there has been a recent change in manager, staff consistently speak positively about the quality of management support available to them.

The children's home's areas for development:

- While there is no identified concern about practice, physical intervention records should reflect how managers have debriefed the staff involved after the use of a physical intervention.
- Medication administration records should clearly demonstrate that children have always been offered prescribed medication, and make clear when children refuse to take offered medication.

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
Ensure that medicine which is prescribed for a child is administered as prescribed to the child for whom it is prescribed and to no other child; and a record is kept of the administration of medicine to each child. (Regulation 23 (2) (b)(c))	18/07/2017
Within 48 hours of the use of a measure of control, discipline or restraint the registered person or a person who is authorised by the registered person to do so has spoken to the user about the measure. (Regulation 35 (3) (b))	18/07/2017

Inspection judgements

Overall experiences and progress of children and young people: good

Children are each making good progress. This is because their individual needs are sensitively understood and supported. A therapeutic parenting model is used by staff to engage with the children, and is evident in the nurturing care provided. Staff work hard to ensure that children know that they care about them. The inspector was impressed by the warmth and care shown in regular notes and letters written by staff and hand-delivered to children. This practice is a tangible sharing of affection and support. As a result, there are trusting and positive relationships between children and staff, and the children are confident in the care they receive. One child said, 'I would give the home 10 out of 10 and would not want to change anything.'

Children are encouraged to express their views and to make personal choices. This means that they feel involved and that their views are important. One child shows a keen interest in sport and now plays football twice a week, and also attends a boxing club. Staff are clearly proud of his sporting achievements and praise him at every opportunity. Another child attends girl guides, where she is said to be managing social interactions in an improved manner. Children speak about having 'fun' with the staff, which was observed by the inspector during the inspection.

As a result of the work undertaken by staff, children are beginning to show improved tolerance, and to understand how their behaviours impact on others. Although there has at times been conflict between children, more recently they are showing improved

respect and consideration of each other.

A priority is placed on children's education. Involved professionals comment positively about the manner in which the team have aided one child's transition from one school to another. As a result, the child is now talking positively about a return to full-time education in the new school year. Staff are supporting educational activities for the child, in conjunction with education professionals, until the end of the school term. The support of a member of care staff in school each day aids another child to maintain their school placement. Comments from education professionals include: 'I could not recommend the home enough. I have been working closely with the manager. There has been constant communication during a recent exclusion period. I have also been impressed by the way the home have put plenty of solutions forward, which is not always the case in my experience.'

Children's routine appointments with health professionals are supported by staff, and children are in good health. They are encouraged to be aware of their own health and welfare needs, including maintaining personal hygiene routines. Emotional and mental health needs are closely monitored in monthly 'team around the child' meetings, where plans are adjusted as and when necessary to ensure that emerging needs are met. These meetings are attended by the staff team and involved professionals, including child and adolescent mental health teams from placing authorities, and mental health professionals working directly for the organisation. This ensures that therapeutic care planning is on track to promote children's emotional well-being.

The promotion of children's independence helps their self-awareness, and as a result they are each starting to develop empathy skills. The two children in placement are quite young, and for the most part daily living tasks are undertaken by the staff who care for them, although they are encouraged to help with small tasks around the home. Children are encouraged to understand that with rights come responsibilities, an awareness which will support them as they move towards adulthood.

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

Staff demonstrate a good understanding of their statutory responsibilities in the protection of children, including the issues of radicalisation and extremism. Children feel safe, and each have trusted adults they would speak to about emerging concerns.

Children's behaviours are well managed. Staff recognise the link between children's behaviours and their personal histories. This awareness informs behaviour management strategies. Staff balance the setting of firm boundaries with encouragement and understanding. As a result, children are beginning to show more self-awareness and improved self-control. Staffing levels are structured to support risk management strategies, which are planned and agreed with the placing authority. As a result, staff are

always close by and are able to respond quickly if behaviours escalate.

There have been a high number of incidents involving the use of physical interventions for one child. However, physical holds have been necessary in order to safeguard children and staff. Over the last month the number of such events have reduced significantly. This demonstrates that the child is benefiting from the care and support provided. The new manager is very focused on reducing incidents further, and to do this he is reviewing events for evidence of trends and patterns and is looking for early signs that behaviours are escalating, to inform strengthened behaviour management planning. Comments from children about the use of physical interventions confirm that they have always felt safe during physical holds.

There have been no missing-from-care incidents, and no concerns about child sexual exploitation, substance misuse, bullying or offending behaviours. Staff understand how vulnerable children are to these areas, and educate them to reduce potential harm.

The effectiveness of leaders and managers: requires improvement to be good

The manager who registered with Ofsted at the time the home first opened in March 2017 has very recently resigned. A new and permanent manager has been working in the home for the last four weeks. This new manager has commenced the process of applying to Ofsted for registration. The change in management has not impacted negatively on the children or care arrangements. Staff are confident in the manager, and say that the team works together extremely well to prioritise children's needs. The manager is supported in the home by deputy managers, and externally by a service manager and the proactive involvement of the organisation's responsible individual. The leadership team is very enthusiastic and is focused on service development.

Staff have access to well-developed training opportunities. Staff undertake core areas of training during a period of induction to their role. The training programme includes food hygiene, fire safety, safeguarding children and behaviour management. Further training is also available, and regular sessions are led by mental health professionals working within the organisation. This ensures that staff understand their role in implementing the therapeutic parenting model used in the home. Senior staff have all achieved the required level 3 training, as have some of the care staff. Others are undertaking this training, or are signed up to commence shortly.

While there has been a period when staff have been subjected to physical assaults, they remain committed and focused on their roles and responsibilities. Staff speak highly of the support provided to them following incidents, and confirm that the staffing levels are appropriate to the needs of the children.

Partnership working with external professionals and agencies is effective in promoting

consistent care and support to meet children's needs. External professionals confirm that communication with them is generally good. The management team recently took action to improve the arrangements to share incident reports, after identifying that several had not been sent to a social worker.

The manager demonstrates a sound understanding of the individual needs of children and their current care planning arrangements. He does not hesitate in advocating for children. A recent example is demonstrated by his work, alongside the virtual school team, to finalise a school placement for a child. He has been proactive in contacting schools directly, arranging visits and meetings. As a result, a child is now being inducted into a new mainstream school placement.

Two areas of weakness are identified in relation to management oversight and record-keeping. Medication records have been poorly maintained and monitored. Staff say with confidence that medication prescribed for hay fever was offered to the specific child, but records fail to confirm this. Additionally, this area of weakness had not been identified within management monitoring processes and opens up the potential that needs will go unmet in relation to medication. While there is no concern identified about practice, records fail to clarify that managers have spoken to the member of staff after an incident involving the use of physical intervention. As well as being a requirement of regulation, this is a lost opportunity to demonstrate that each event is thoroughly reviewed and, where required, lessons are learned.

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: 1250039

Provision sub-type: Children's home

Registered provider: The Place Young People's Company

Registered provider address: 18b, Market Place, Nottingham NG13 8AP

Responsible individual: Paul Emmerson

Registered manager: Vacant position

Inspector(s)

Mary Timms, social care inspector

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