

1256660

Registered provider: Pathways Care Group Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This children's home provides care and support for up to five children. The children have learning disabilities. This private provider operates a number of other children's homes.

The registered manager ceased active management of the home in August 2018 and formally resigned their role as registered manager in October 2018. An application for registration of the acting manager has yet to be submitted. Although the acting manager has been previously registered with Ofsted, his suitability to manage this home has yet to be determined.

Inspection dates: 1 to 2 November 2018

Overall experiences and progress of children and young people, taking into account

requires improvement to be good

How well children and young people are helped and protected

requires improvement to be good

The effectiveness of leaders and managers

requires improvement to be good

The children's home is not yet delivering good help and care for children and young people. However, there are no serious or widespread failures that result in their welfare not being safeguarded or promoted.

Date of last inspection: not applicable

Overall judgement at last inspection: not applicable

Enforcement action since last inspection: not applicable

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; help each child to understand how to keep safe; 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; understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person; take effective action whenever there is a serious concern about a child's welfare; and are familiar with, and act in accordance with, the home's child protection policies. (Regulation 12 (1)(2)(a)(i)(ii)(iii)(iv)(v)(vi)(vii))	26/11/2018
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 the premises used for the purposes of the home are	26/11/2018

designed, furnished and maintained so as to protect each child from avoidable hazards to the child's health. (Regulation 12 (1) (2)(d))	
If the Regulatory Reform (Fire Safety) Order 2005(a) applies to the home— the registered person must ensure that the requirements of that Order and any regulations made under it, except for article 23 (duties of employees), are complied with in respect of the home. (Regulation 25 (2)(b))	26/11/2018
The registered person must ensure that— at all times, at least one person on duty at the home has a suitable first aid qualification. (Regulation 31 (2)(a))	17/12/2018
The registered person must— ensure that each employee completes an appropriate induction; and ensure that all employees undertake appropriate continuing professional development. (Regulation 33 (1)(a)(4)(a))	07/01/2019
The registered person must notify HMCI and each other relevant person without delay if— a child is involved in or subject to, or is suspected of being involved in or subject to, sexual exploitation; an incident requiring police involvement occurs in relation to a child which the registered person considers to be serious; there is an allegation of abuse against the home or a person working there; a child protection enquiry involving a child— is instigated; or concludes (in which case, the notification must include the outcome of the child protection enquiry); or there is any other incident relating to a child which the registered person considers to be serious. (Regulation 40 (4)(a) (b)(c)(d)(i)(ii)(e))	26/11/2018
The registered person must notify, without delay, the local	26/11/2018

authority for the area in which the children's home is located of every admission of a child into the home and every discharge of a child from the home. The registered person is not required to notify the local authority in paragraph (1) if that local authority is also the placing authority for the child in question. A notification under this regulation must be in writing and must state— the child's name and date of birth; whether the child is provided with accommodation under section 20 or 21 of the Children Act 1989(a); whether the child is subject to a care or supervision order under section 31 of the Children Act 1989(b); the contact details for— the child's placing authority; and the independent reviewing officer appointed for the child's case; and whether the child has an EHC plan or a statement of special educational needs and, if so, details of the local authority with responsibility for the EHC plan or for maintaining the statement of special educational needs. (Regulation 41 (1)(2)(3)(a)(b)(c)(d)(i)(ii)(e))	
The independent person must provide a copy of the independent person's report to— HMCI. (Regulation 44 (7)(a))	17/12/2018

Recommendations

- Children should have access to a computer and the internet to support their education and learning. ('Guide to the children's homes regulations including the quality standards', page 29, paragraph 5.19)
- Each child should have permission for staff to administer first aid and non-prescription medication from a person with parental responsibility for them recorded in their relevant plan. ('Guide to the children's homes regulations including the quality standards', page 35, paragraph 7.14)

- Regulation 23 requires the registered person to ensure that they make suitable arrangements to manage, administer and dispose of any medication. ('Guide to the children's homes regulations including the quality standards', page 35, paragraph 7.15)
In particular, ensure that any member of staff who administers medication is assessed as competent to do so.
- The child's placement plan should include a strategy to minimise the risk of the child going missing. ('Guide to the children's homes regulations including the quality standards', page 45, paragraph 9.24)
- Ensure that staff understand the importance of careful, objective and clear recording. Staff should record information on individual children in a way that will be helpful to the child. ('Guide to the children's homes regulations including the quality standards', page 62, paragraph 14.4)

Inspection judgements

Overall experiences and progress of children and young people: requires improvement to be good

Shortfalls in help and protection and leadership and management mean that, despite the positive support that the children receive from the staff, the service has been judged overall as requires improvement to be good.

There is no evidence to demonstrate that the manager considered the dynamics of the two children living together prior to the second child moving in. The two children do, fortunately, comfortably co-exist at the home. However, the lack of consideration regarding these children living together could potentially have resulted in increases in challenging behaviour or even placement breakdown.

Despite the challenges faced, the staff have consistently ensured that the children receive individualised care that meets their complex needs. The children have settled well and have made good progress in their social skills and confidence, and their anxiety has reduced. A social worker said, 'I am incredibly impressed with how [the child] has adapted, and that is because of the way he has been treated by staff.' However, information about the children's needs and the care provided is not always documented effectively. Children's care plans do not contain sufficient information and guidance for staff regarding the care of children who have epilepsy. Care records are unclear, inaccurate and, sometimes, contradictory.

One child has epilepsy yet no staff have received training in either epilepsy management or first aid. This undermines staff's ability to respond competently to epilepsy or emergency situations. Medication arrangements at the home require some improvement to protect the children effectively against medication errors. The home does not hold written parental consent to give medication to each child. Medication which is neither prescribed nor an approved homely remedy has been given. Staff have undertaken e-

learning in the safe administration of medication. However, their competency to administer medication has not been assessed. These shortfalls mean that there is increased risk of medication errors.

The staff advocate for education arrangements that they believe will best suit the child. The staff encourage the children to widen their horizons and gain a greater understanding of the world around them through books, sensory activities and outings. The home does not have a children's computer. Consequently, the children are not able to access potentially useful and engaging learning tools.

The children trust and value the relationships that they have with the caring staff. One child constantly engages staff in his world through watching his favourite television show and getting the staff to repeat favourite phrases. Another child takes delight in blowing bubbles with staff and gently tapping them on the head. A parent said, 'The care of my child is exemplary. It's clear and obvious the affection that [the staff] feel for him; it's palpable.'

How well children and young people are helped and protected: requires improvement to be good

The building is generally well maintained and provides a spacious and good-quality living environment for the children. However, the front gate does not close. This is of concern, as the home is situated on a busy road and the children have no road safety awareness. There have been no incidents of the children going missing. However, there is no individualised missing from home protocol for each child. The 'grab sheet' to be given to the police should a child go missing does not provide important information such as how the child's autism spectrum disorder and learning disability affects their life, communication and understanding. Nor does it provide any strategies to assist police to communicate with and reassure the child.

Fire prevention arrangements are not sufficiently robust. Some fire doors do not close properly, and two have small holes in them. The children's emergency evacuation plans are not personalised and do not provide quickly accessible information. No night time fire drill has been undertaken. Fire arrangements therefore may not prevent the spread of fire, and some staff may not know how to safely and quickly evacuate the children in the event of an emergency.

Risk assessment and management plans do not provide clear guidance for staff. They are sometimes inaccurate and on occasion contradictory. A risk assessment for swimming in the sea does not consider whether staff who accompany the child should be proficient swimmers. The assessment refers to poolside lifeguards and states that the child should not have access to the beach.

The staff understand that the children use behaviour as an essential way to communicate their anxiety and to manage their surroundings and experiences. The staff seek to anticipate the children's needs and encourage positive communication to prevent escalation. No physical restraint has taken place. However, the staff have until very

recently had no training in physical intervention and de-escalation techniques. The staff, prior to this training, managed difficult and violent situations without appropriate training and guidance. As a result, the children were vulnerable to inappropriate responses from staff trying to manage aggressive or violent behaviour. The staff were vulnerable to assault from the children, and indeed some staff sustained injuries.

Staff have not received suitable training in safeguarding children who have disabilities. Potentially, because of the lack of safeguarding and physical intervention training, staff did not recognise an inappropriate response to a child's behaviour when it took place. Staff therefore failed to alert their concerns to senior managers outside the home, which meant that senior managers in the organisation were not able to take immediate action.

The children's aggressive behaviours have significantly reduced as they have settled into the home. Routines that help the children to feel safe have been implemented. Although there are some shortfalls in help and protection, the children demonstrate through their affectionate interactions with staff that they feel safe. Children's families and external professionals have absolute confidence that the children feel safe. A parent said, about their child, 'He is as happy to return to the home as he is to come out.' This child's social worker said, 'It's crazy the difference we see in him.'

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

Leadership and management, including organisational oversight, have not been as robust as the provider would wish. The previous manager and most of the staff team have changed within five months. A new, experienced acting manager has been appointed following the departure of the previous manager. The acting manager understands the strengths of the service and the areas for development. He has begun to introduce more effective systems that aid improved oversight and staff support.

The organisation has not always worked effectively with other agencies. For example, the local authority in which the home is situated has not been informed of children moving into their area. Senior managers failed to properly notify a child's placing authority of a significant incident. Consequently, the people holding parental responsibility for the child were unaware of a safeguarding concern.

Staff induction and training arrangements do not provide the staff with the skills and knowledge that they need. The majority of staff are new to working with children in residential care who have disabilities, and therefore it is particularly important that they receive good-quality induction and training to ensure that they are able to competently support the children.

The enthusiastic staff individually feel well supported by each other and the new senior management team. They said that the recent changes mean that they now benefit from improved guidance, training and support. It is testament to the commitment of the staff that the care and support of the children has remained good despite the challenges that the home has faced. The contribution of the staff to the children's well-being is consistently recognised by children's families and professionals alike. A teacher said, 'The

staff are very caring and are keen to do everything right.'

The organisation ensures that suitable independent reviews of the quality of care take place. However, copies of the reports of these reviews have not been regularly sent to Ofsted. This means that Ofsted was not aware of the issues of concern at the home.

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: 1256660

Provision sub-type: Children's home

Registered provider: Pathways Care Group Limited

Registered provider address: Minton Place, Victoria Street, Windsor, Berkshire SL4 1EG

Responsible individual: Lisa Deane

Registered manager: Post vacant

Inspector

Joanna Heller: social care inspector

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