

1263977

Registered provider: Care Perspectives Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This private home provides specialist care for up to eight children who have mental-health and/or behavioural issues. The home was registered in December 2017.

The registered manager left in February 2021. An acting manager is currently supporting the day-to-day running of the home. A new manager has been recruited and is due to start work in July 2021.

Due to COVID-19 (coronavirus), at the request of the Secretary of State, we suspended all routine inspections of social care providers on 17 March 2020.

We visited this setting in February 2021, to carry out a monitoring visit. The report is published on Ofsted's website

Inspection dates: 23 to 24 June 2021

Overall experiences and progress of children and young people, taking into account	requires improvement to be good
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How well children and young people are helped and protected	requires improvement to be good
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The effectiveness of leaders and managers	requires improvement to be good
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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 full inspection: 10 September 2019

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
11/03/2020	Interim	Sustained effectiveness
10/09/2019	Full	Good
12/03/2019	Interim	Improved effectiveness
25/07/2018	Full	Requires improvement to be good

Inspection judgements

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

Five children lived at the home at the time of the inspection. Three children have moved into the home since the monitoring visit in February 2021.

Managers carefully consider children's needs when making decisions about children coming to live at the home. One professional said, 'They planned [child's] admission really well, it was a smooth transition.' Another said, 'Staff worked well with the care plan to support them to return to live with family.' Children have some positive experiences of moving in and out of the home.

Some areas of the home have been adapted to reduce the risk of children hurting themselves. For example, window blinds are fixed using magnetic brackets and some internal doors are anti-barricade. However, the home is looking tired, and furniture and soft furnishings are minimal. Maintenance workers are decorating the home and there are plans to buy more furniture, which will make the home feel more welcoming for children.

Children living in the home have complex mental health needs and as a result, supervision levels are high. Children are registered with local health services, which they access with the support of staff. Managers and staff seek guidance and support from the organisation's therapy team. Children are helped by therapists to develop strategies that improve their emotional health and well-being. Professionals recognise that children's well-being has improved.

Medication records lack detail. For example, when a child requires over-the-counter pain relief over a number of consecutive days, it is not clear at what point staff should seek further medical advice. Written plans do not provide explanations of what some prescribed medication is required for, and how the medication is managed. Given the needs of the children living at the home, they are prescribed different medications, including controlled medication. Shortfalls in recording have the potential to result in medication being administered incorrectly, which may have a negative impact on children's health.

Education plans are individual to each child, but lack basic details, such as where children receive education. Managers and staff advocate children's views about education during planning meetings. For example, staff attending a personal education planning meeting for one child spoke about the child's request to return to school following a period of home learning. A decision was then made to gradually support the child to return to school.

Family members are made to feel welcome when visiting children at the home. Staff support children to keep in touch with their friends and family members, in line with

their plans. This helps children to keep in touch with people who are important to them.

Children develop positive relationships with the staff who care for them, and sometimes become distressed when there are changes to the staff team. Agency workers are used frequently, which increases some children's anxieties. Managers consider when it is best to use agency workers, but lots of different staff working at the home means that consistent care is not being provided for all children who live in the home.

Children know how to make a complaint. However, they are not sure about how to access advocacy services. As a result, children do not have access to some services that may help them.

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

Crisis management plans and therapeutic support plans are clear and provide staff with strategies to support children at times of difficulty. For one child, good staff support has led to a reduction in serious incidents.

However, staff do not consistently manage incidents well, and do not always follow the guidance set out in written plans. On one occasion when staff had concerns that a child may cause harm to themselves, they did not use the anti-barricade door to allow the child privacy when using the bathroom. This action escalated the child's behaviours. During the same incident, staff removed the child's shoes, even though these no longer posed any risk of self-harm. This prevented the child from accessing the garden.

On another occasion, a staff member was called to assist a colleague with supporting a child who was at risk of causing harm to themselves. When responding to this call, the staff member left a sharp knife unattended in the kitchen that is accessible to children. This lack of due diligence had the potential to place children at risk of harm.

Medication is kept in a cabinet in the staff office. On both of the inspection days, the inspector observed that staff had left keys in the medication cabinet when it was not in use. Although the office is usually kept locked when staff are not in it, leaving the keys in the medication cabinet creates an avoidable risk of children accessing medication and causing harm to themselves, should they get into the office.

Children have access to the home's internet during the day. Although some checks are carried out to help children to use the internet safely, staff do not undertake these consistently. Plans for monitoring children's use of electronic devices lack detail and as a result, staff do not have clear guidance to follow. One child refuses to hand in his electronic devices to staff. Managers and staff have not been curious about this change in behaviour and good monitoring is not taking place. This has the potential to increase this child's vulnerability to online bullying and exploitation.

Children receive good support from the organisation's therapist. This helps them to manage their emotions and behaviour better, and without hurting anyone. In addition, good communication between the therapist and staff means that children receive coordinated care and advice which promote their safety and well-being. Consequently, there have been fewer incidents, and there has been a reduction in the number of physical interventions for one child.

One new member of staff has been recruited. Records show that this member of staff has been safely recruited. This reduces the risk of children being cared for by unsuitable individuals.

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

The home does not have a registered manager. A new manager has been appointed, but is yet to start work at the home. The acting manager recognises that improvements are required in recording and the home environment, and these are starting to be progressed. The transition period while waiting for the new manager to start is limiting the scope of the improvements being made.

Some aspects of monitoring are good. For example, the acting manager ensures that children and staff receive debriefs following incidents, and that their views are taken into account. However, practice concerns identified in records are not always followed up with staff. This does not help staff to improve their practice, and has an impact on the quality of care the children receive.

Staff receive some good training to help them in their roles. For example, staff are trained in aspects of health and safety, and safeguarding. However, training records are not kept up to date by managers. As a result, some training has expired. Some staff have not had the opportunity to learn about psychosis and attention deficit hyperactivity disorder. This means that children's diagnoses may not be fully understood by staff.

Managers ensure that all staff receive individual and group supervision. This provides staff with time to reflect on their practice, identify learning and review roles and responsibilities. One staff member said that managers appreciate the complex demands of the role, and felt that there was good support in place from managers and the therapist.

The acting manager has reviewed the home's statement of purpose to ensure that this is up to date and accurately reflects the service provided. The manager has not sent this updated document to Ofsted in line with regulation.

Managers work well with people who are important to the children. One parent said, 'I can't speak highly enough of what they do.' Professionals spoken to explained that the managers and therapists communicate well with them.

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— have the skills to identify and act upon signs that a child is at risk of harm; 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. (Regulation 12 (1) (2)(a)(iii)(v)(vi))	5 August 2021
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— 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; use monitoring and review systems to make continuous improvements in the quality of care provided in the home.	5 August 2021

(Regulation 13 (1)(a)(b) (2)(c)(e)(h))	
The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children's home. In particular, the registered person must ensure that— medicines kept in the home are stored in a secure place so as to prevent any child from having unsupervised access to them. (Regulation 23 (1) (2)(a))	5 August 2021

Recommendations

- The registered person should ensure that staff are 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)
- The registered manager should develop and keep under review a "statement of purpose", and send the updated version to Ofsted. ('Guide to the children's homes regulations including the quality standards', page 14, paragraph 3.5)

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: 1263977

Provision sub-type: Children's home

Registered provider: Care Perspectives Limited

Registered provider address: 36 Frederick Street, Loughborough LE11 3BJ

Responsible individual: Mausumi Maulik

Registered manager: Post vacant

Inspector

Helen Malanaphy, Social Care Inspector

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