

1264756

Assurance visit

Information about this children's home

This home is part of a small organisation. The home is registered to care for up to two children.

The manager was registered with Ofsted in August 2020.

Visit dates: 7 to 8 October 2020

Previous inspection date: 10 January 2020

Previous inspection judgement: Requires improvement to be good

Information about this visit

Due to COVID-19 (coronavirus), Ofsted suspended all routine inspections in March 2020. As part of a phased return to routine inspection, we are undertaking assurance visits to children's social care services that are inspected under the social care common inspection framework (SCCIF).

At these visits, inspectors evaluate the extent to which:

- children are well cared for
- children are safe
- leaders and managers are exercising strong leadership.

This visit was carried out under the Care Standards Act 2000, following the published guidance for assurance visits.

Her Majesty's Chief Inspector of Education, Children's Services and Skills is leading Ofsted's work into how England's social care system has delivered child-centred practice and care within the context of the restrictions placed on society during the COVID-19 pandemic.

Findings from the visit

We identified the following serious and/or widespread concerns in relation to the care or protection of children at this assurance visit:

- Staff who are still completing their probation period and have not completed all mandatory training have been left to work alone with children. This places the children and staff at potential risk.
- The behaviour management of a child who is no longer in placement was not effective. Staff failed to maintain boundaries or provide consistent care. This resulted in several high-risk incidents.
- Care plans and risk assessments do not provide staff with clear behaviour management strategies. Restrictions documented in risk assessments have not been maintained. As a result, the child who is no longer in placement had regular access to the internet when they should not have done.
- The manager's internal monitoring of the home is not effective. He has failed to identify and rectify entries in records that are factually incorrect and not fit for purpose.

The care of children

During the period between July and September 2020, leaders and managers placed a vulnerable child in the home whose needs they could not meet.

Leaders and managers did not ensure that those adults looking after the child had the required experience, training and skills to manage the child's increasingly complex needs.

During this time, the manager did not ensure that risk assessments and behaviour management plans provided the staff team with clear instructions about how to mitigate and manage the risks. Behavioural incidents were a common occurrence and resulted in police intervention on three separate occasions.

Inconsistent behaviour management strategies resulted in the staff allowing the child to use prohibited items, such as electronic devices, and to access the internet. Staff did not maintain boundaries or follow risk management strategies despite the child being subjected to a deprivation of liberty order. Over a short period of time an escalation of significant incidents took place. The child and staff were at significant risk of harm. Leaders and managers recognised that they could not keep the child safe or meet her needs. Notice was given to the placing authority with immediate effect and the child moved from the home.

Leaders and managers closed the home for two weeks. This provided them with an opportunity to evaluate and reflect on what lessons had been learned. Following this reflective period, leaders and managers agreed to move a new child into the home. This child's move has been successful to date. There has been a reduction in significant incidents and he is forming positive relationships with the care staff and manager.

However, the staff are not meeting all of this child's health needs. They do not ensure that he is eating a healthy, nutritious and balanced diet. Staff recognise the importance of education. They work closely with the child's education provider and,

as a result, his attendance and attainment are good.

The safety of children

During the period between July and September 2020 there was an increase in the use of temporary staff working in the home. In addition, staff often worked on their own with a child who had complex behavioural needs.

This child did not experience continuity of care and as a result she could not build trusting and consistent relationships with staff. The child did not feel safe and a series of allegations, complaints and threats were made by the child to staff.

The staff's inability to manage the child's behaviour resulted in an escalation of significant incidents. Physical interventions, missing from home incidents and allegations made against staff became commonplace.

The arrangements for the safekeeping and administration of medication are not effective. Since the last inspection, the medication audits have failed to identify medication errors. Incident reports completed by staff confirm that a child gained access to medication cabinets and took tablets with the intent to overdose. In response, all staff have completed re-fresher training in the safe storage and administration of medication. There have not been any further reported medication incidents.

Since placing a new child in the home, leaders and managers have allowed him to be cared for regularly by two staff members who work with him on their own and who are still in their probationary period. In addition, these staff have not completed the organisation's induction programme or basic mandatory training. The manager has assessed their current experience and provided clear instructions about how they are to manage the potential risks of working on their own. However, leaving staff in charge of the home and working on their own with a child when they have not completed the required mandatory training places them and the child at risk. Swift action is required to address this poor decision.

Leaders and managers

At the time of this visit, the home was staffed by a new manager and two newly recruited staff. Leaders and managers have not ensured that the newly recruited members of staff have completed the organisation's induction programme or basic mandatory training before being allowed to work on their own and with children.

In September 2020, a new child moved into the home. The manager has ensured that the small staff team provides the child with continuity of care. However, vacancies on the staff team continue to be a problem. Where possible, these vacancies are covered by the core team and manager.

The manager's monitoring is ineffective. He has failed to identify errors in records or analyse and evaluate the actions taken by staff to ensure they are appropriate. The

content, quality and factual accuracy of reports written by staff are poor.

Leaders and managers have not taken sufficient or swift action to address the concerns raised by the independent visitor. For example, in August 2020 the independent visitor reported concerns about staff in their probationary period working on their own and not having the skills or ability to build constructive or meaningful relationships with the children. These same weaknesses were allowed to continue.

Leaders were clear with the inspector that they intended to rectify the shortfalls found at this inspection.

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
6: The quality of care standard The quality and purpose of care standard is that children receive care from staff who— understand the children's homes overall aims and the outcomes it seeks to achieve for children; use this understanding to deliver care that meets children's needs and supports them to fulfil their potential. In particular, the standard in paragraph (1) requires the registered person to— ensure the staff protect and promote each child's welfare; treat each child with dignity and respect. (Regulation 6 (1)(a)(b)(2)(ii)(iii)) This particularly refers to ensuring that the staff provide nurturing and consistent care to all children who live in the home.	31/11/2020

10: The health and well-being standard is that— the health and well-being needs of children are met; children receive advice, services and support in relation to their health and well-being; children are helped to lead healthy lifestyles. (Regulation 10 (1)(a)(b)(c)) In particular, ensure that children eat a healthy, nutritious and balanced diet.	31/11/2020
11. The positive relationships standard is that children are helped to develop, and to benefit from, relationships based on— mutual respect and trust; an understanding about acceptable behaviour; and positive responses to other children and adults. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff— meet each child’s behavioural and emotional needs, as set out in the child’s relevant plans; help each child to develop socially aware behaviour; encourage each child to take responsibility for the child’s behaviour, in accordance with the child’s age and understanding; help each child to develop and practise skills to resolve conflicts positively and without harm to anyone; communicate to each child expectations about the child’s behaviour and ensure that the child understands those expectations in accordance with the child’s age and understanding; help each child to understand, in a way that is appropriate according to the child’s age and understanding, personal,	

sexual and social relationships, and how those relationships can be supportive or harmful; help each child to develop the understanding and skills to recognise or withdraw from a damaging, exploitative or harmful relationship; strive to gain each child's respect and trust; understand how children's previous experiences and present emotions can be communicated through behaviour and have the competence and skills to interpret these and develop positive relationships with children; are provided with supervision and support to enable them to understand and manage their own feelings and responses to the behaviour and emotions of children, and to help children to do the same; de-escalate confrontations with or between children, or potentially violent behaviour by children; understand and communicate to children that bullying is unacceptable; and have the skills to recognise incidents or indications of bullying and how to deal with them. (Regulation 11 (1)(a)(b)(c) (2)(a)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(ix)(x)(xi)(xii) and (xiii))	
12: The protection of children's standard 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— help each child to understand how to keep safe; understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person;	31/11/2020

take effective action whenever there is a serious concern about a child's welfare. (Regulation 12 (1)(2)(a)(ii)(v)(vi))	
13: The leadership and management standard* 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 to fulfil their potential; and promotes their welfare In particular, the standard in paragraph (1) requires the registered person to— 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; ensure that staff have the experience, qualifications and skills to meet the needs of each child; ensure that the home has sufficient staff to provide care for each child; ensure that the home's workforce provides continuity of care to each child; 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; use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(a)(b)(2)(a)(c)(d)(e)(f)(h))	11/11/2020
23: Medicines 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	11/11/2020

them.

(Regulation 23 (1)(2)(a))

* These requirements are subject to a compliance notice.

Recommendations

- Ensure that staff are familiar with the home's policies on record-keeping and understand the importance of careful, objective, and clear recording. Staff should record information on individual children in a non-stigmatising way that distinguishes between fact, opinion and third-party information. Information about the child must always be recorded 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) In particular, ensure that the recording of incidents is factually accurate, clear and concise.

Children's home details

Unique reference number: 1264756

Registered provider: Impact For Change Ltd

Registered provider address: Canns Down Press, Beaford, Winkleigh, Devon EX19 8LZ

Responsible individual: Mark Parker

Registered manager: John Haram

Inspector

Sharron Escott, Social Care Inspector

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