

1265092

Registered provider: 4pureheart Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is operated by a private company. It is registered to provide care and accommodation for up to seven children irrespective of gender. The home specialises in caring for children who have been, or who are, experiencing emotional and/or behavioural difficulties.

Inspection dates: 17 October 2018

Overall experiences and progress of children and young people, taking into account	inadequate
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How well children and young people are helped and protected	inadequate
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The effectiveness of leaders and managers	inadequate
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There are serious and widespread failures that mean children and young people are not protected or their welfare is not promoted or safeguarded, and the care and experiences of children and young people are poor, and they are not making progress.

Date of last inspection: 16 and 17th August 2018

Overall judgement at last inspection: inadequate

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
16/08/2018	Full	Inadequate

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 education standard is that children make measurable progress towards achieving their educational potential and are helped to do so. In particular, the standard in paragraph (1) requires the registered person to ensure that staff— help each child who is above compulsory school age to participate in further education, training or employment and to prepare for future care, education or employment; (Regulation 8(1)(2)(a)(ix))	19/11/2018
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; and children are helped to lead healthy lifestyles. (Regulation 10(a)(b)(c))	19/11/2018
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; (Regulation 11(1)(a)(b)(c)(2)(a)(i))	19/11/2018
*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 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; understand the roles and responsibilities in relation to protecting	19/11/2018

children that are assigned to them by the registered person; take effective action whenever there is a serious concern about a child's welfare; that the home's day-to-day care is arranged and delivered so as to keep each child safe and to protect each child effectively from harm. (Regulation 12(1)(2)(a)(i)(iii)(v)(vi)(b)) Specifically, that the staff receive additional training to ensure that they understand the home's policies and procedures for protecting children and how to implement them in day-to-day care. Staff must understand their role in taking immediate action to keep children safe, their roles and responsibilities in respect of decision-making and children who go missing. Staff should know how to support children who may be misusing alcohol and illegal drugs. Risk management must consider all factors relating to risk and put in adequate measures to mitigate these risks.	
* 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 their full potential; and promotes their welfare. In particular, the standard in paragraph (1) requires the registered person to— ensure that the staff work as a team where appropriate; ensure that staff have the experience, qualifications and skills to meet the needs of each child; use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13(1)(a)(b)(2)(b)(c)and (h))	19/11/2018
The care planning standard is that children receive effectively planned care in or through the children's home; In particular, the standard in paragraph (1) requires the registered person to ensure— that the child's placing authority is contacted, and a review of that child's relevant plans is requested, if— the registered person considers that the child is at risk of harm or has concerns that the care provided for the child is inadequate to meet the child's needs; the child is, or has been, persistently absent from the home without permission. (Regulation 14(1)(2)(e)(i)(ii)(iii))	19/11/2018
The registered person must make arrangements for the	19/11/2018

handling, recording, safekeeping, safe administration and disposal of medicines received into the children's home. (Regulation 23(1))	
The registered person must ensure that all employees— undertake appropriate continuing professional development; receive practice-related supervision by a person with appropriate experience. (Regulation 33(4)(a)(b))	19/11/2018
The registered person must ensure that within 24 hours of the use of a measure of control, discipline or restraint in relation to a child in the home, a record is made which includes the name of the child; details of the child's behaviour leading to the use of the measure; the date, time and location of the use of the measure; a description of the measure and its duration; details of any methods used or steps taken to avoid the need to use the measure; the name of the person who used the measure ("the user"), and of any other person present when the measure was used; the effectiveness and any consequences of the use of the measure; and a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure; within 48 hours of the use of the measure, the registered person, or a person who is authorised by the registered person to do so ("the authorised person")— has spoken to the user about the measure; and has signed the record to confirm it is accurate; and within 5 days of the use of the measure, the registered person or the authorised person adds to the record confirmation that they have spoken to the child about the measure. (Regulation 35(3)(a)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(b)(i)(ii)(c)(iv))	19/11/2018
Schedule 4 sets out the other information that the registered person must keep in relation to a children's home. The registered person must maintain in the home the records in Schedule 4. (Regulation 37(2)(a))	19/11/2018

* These requirements are subject to a compliance notice.

Recommendations

- When a child returns to the home after being missing from care or away from the home without permission, the responsible local authority must provide an opportunity for the child to have an independent return interview. Homes should take account of information provided by such interviews when assessing risks and putting arrangements in place to protect each child. ('Guide to the children's homes regulations including the quality standards', page 45, paragraph 9.30)

Inspection judgements

Overall experiences and progress of children and young people: inadequate

The judgement about how well children are helped and protected is a limiting judgement. The inspector has judged this area to be inadequate. This means that the overall experience and progress judgement is inadequate. This is the second inspection since the home was registered with a further inadequate judgement.

Since the last inspection in August 2018, one child has moved on from the home as staff were unable to meet his needs or keep him safe. A transition plan was developed, and the staff helped him to move to a new placement. No other children have been admitted to the home.

Two children have developed positive relationships with staff and staff spend time with them and listen to their wishes and feelings. However, one child has not yet developed these relationships and spends long periods of time away from the home. Although the staff complete welfare checks of the addresses where they believe the child to be, they do not always take appropriate action when concerns are identified. For example, when the child has been involved in an altercation with others or is found to be under the influence of alcohol. This does not ensure the safety of the child.

At the last inspection, it was identified that computerised care plans and risk assessments do not accurately reflect or address the current needs of children. The new manager has introduced paper copies and has started to update some of the risk assessments. However, the risk assessments are still ineffective at identifying the areas of concern and, therefore, have limitations in helping to reduce risks to children. Damaging behaviours, including alcohol and substance misuse, going missing from care, and inappropriate relationships remain features of one child's life. Moreover, indicators of possible exploitation have not been identified and managed. Again, the lack of action taken by managers and staff has meant that a child has been at risk of harm because managers and staff do not always follow their own procedures or act as a good parent would to help protect the child.

Education outcomes for children are varied. Two children like attending school, have good attendance and are reported to have made progress. However, one child is not in further education, training or employment. There are no clear plans in place to identify the support available to ensure that the child is supported to achieve the best possible educational outcomes.

Children are registered with appropriate health professionals. However, a child requested a medical appointment, but there was no evidence to demonstrate that this was followed up by the staff. Furthermore, there are no plans to encourage improvements in children's personal hygiene. This does not ensure that all children are being supported to lead healthy lifestyles.

That said, two of the children enjoy school and take part in a range of activities, including gymnastics, swimming and singing lessons. They are also busy preparing for a holiday to Skegness in the next school holidays. They said that they 'liked living in the home'.

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

Staff have demonstrated a lack of understanding in relation to their responsibilities in protecting children. They have made serious errors in decision-making that have placed a child at risk of significant harm. Specifically, when a child goes missing from the home, staff do not always respond effectively. For example, a child returned to the home late one evening. She later left the home initially without staff knowledge and was seen getting into a car with a group of unknown males. Staff failed to take immediate action to report the child as missing from care and waited till the early hours of the morning before reporting her as missing from care. This has significant implications for the child's safety. It does not demonstrate safe practice or appropriate supervision in the home.

Return home interviews have not been consistently completed after each missing from home incident. This is a missed opportunity to learn from children about their experiences, and any changes they can be supported with to ensure that they are appropriately safeguarded.

Managers and staff have not always taken effective action to keep children who are potentially at risk of child sexual exploitation and criminal exploitation safe. For example, a child informed staff that she had been in an unsafe situation in the community and so had called an ambulance and stated that she was drunk and needed assistance. Although staff attended the hospital to collect the child, no further action was taken to safeguard the child, including undertaking direct work to explore safety and the known risk factors.

Staff have failed to act to safeguard a child when an allegation of potential harm was made by a child against staff working with them. The registered manager became aware of the incident two days later and did contact all safeguarding professionals. However, staff had failed to follow their own internal policies and procedures to ensure the safety and well-being of all involved at the time. Furthermore, when a child returned to the home with injuries to her face, staff again failed to take appropriate action to talk to the child about their concerns or report the incident to the registered manager. The staff have demonstrated a lack of understanding in relation to their responsibilities in protecting the safety and well-being of children.

Staff do not always follow risk management strategies identified in risk assessments that identify actions to reduce risk and keep children safe. For example, one plan states that staff must monitor the child if she returns home under the influence of alcohol or

unknown substances. Not all staff spoken with during the inspection understood that this was in her plan. Furthermore, her daily records do not indicate that when she returns to the home, under the influence of unknown substances, that staff monitor her safety and welfare. This fails to demonstrate that appropriate action is taken to safeguard the child.

Staff are all trained in Team-Teach, which is the model that they are expected to use to manage challenging behaviour. Electronic systems are in place to record all incidents of physical intervention. However, these records lack sufficient detail, including the timings of the intervention, and a review of the effectiveness and appropriateness of the physical intervention. Furthermore, the managers have not had an overview of physical interventions to ensure that they were carried out safely and within the appropriate guidelines and that children's views have been sought.

Managers do not ensure that rosters reflect the members of staff who are working in the home. There is not a clear record of who has worked or is working in the home. The home currently operates an on-line version of the roster and a paper copy. However, these contradict each other. This is not safe practice for children or staff and does not ensure that a factual true record is maintained.

The effectiveness of leaders and managers: inadequate

Since the last inspection in August 2018, there have been changes to the staffing structures in the home. A new experienced manager has been appointed and has been registered with Ofsted. A deputy manager has been recruited and there are now senior care workers on each shift.

Following the last inspection, the responsible individual had developed a detailed action plan. This had been shared with the registered manager who was working to improve the practice in the home, including updating and improving the paperwork. However, improvements in safeguarding practices have not been achieved. Staff continue to lack a full understanding of their roles and responsibilities to safeguard and protect children. Moreover, sufficient training has not been completed with staff to help address their lack of understanding and skills in safeguarding and protecting children in their care. The registered manager acknowledged the concerns raised around safeguarding and said, 'I had tried to prioritise and change everything but have not sufficiently concentrated on safeguarding.'

Management monitoring and review systems are not effective in making improvements in the quality of care provided. For example, medication records are inaccurately recorded, incident records are not checked to ensure that they are factually correct, and physical intervention records do not contain any manager evaluation. The lack of consistent recording and the difficulty of the registered manager to produce written information for inspectors hinders a real understanding of what is happening in children's lives.

Communication between staff and managers is still ineffective. For example, information about an injury sustained by a child was not passed on to the managers. Moreover, an electronic handover system is in place, but this is not working. Handover records are incomplete and lack accurate, factual details about the shift or the care provided to the

children in the home. This fails to ensure that all staff have the relevant and up-to-date information to protect children.

Staff have received supervision since the last inspection, which they say is helpful to them as it provides an opportunity to raise issues and concerns. However, records showed that little action was taken to address the concerns staff raised about inconsistencies and inappropriate practice in the staff team. Staff also identified additional training that they required, which was not addressed. In addition, the person undertaking the supervision of staff has not had training to carry out this role. This does not demonstrate that staff are supported appropriately in their roles and that managers support staff to improve their practice.

The responsible individual and director took immediate action during the inspection to ensure that safeguarding incidents were reported and recorded, and risk assessments were implemented to minimise any further risk factors. A meeting was planned with the managers and staff to consider the breaches in regulations and the immediate safety and well-being of children. The responsible individual reported that he planned to be based at the home for three days a week to support the registered manager in driving improvements.

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: 1265092

Provision sub-type: Children's home

Registered provider: 4pureheart Limited

Registered provider address: Atlantic Business Centre, Cheshire, Altrincham WA14 5NQ

Responsible individual: Ranjit Bains

Registered manager: Sandra Berry

Inspector

Caroline Jones, social care inspector

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