

1270744

Registered provider: HEADSTART RESIDENTIAL CARE LTD

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is registered to provide care and support for up to five children with learning disabilities. Currently, four children aged between 11 and 18 years live at the home. The children may have a diagnosis of autism, and some may have experienced significant early childhood trauma.

The home is co-located with part of the organisation's school, which one child from the home attends. The other children attend a separate school away from the home run by this provider.

Only the social care provision was inspected.

The registered manager post has been vacant since November 2022.

Inspection dates: 7 and 8 August 2024

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 inspection: 5 December 2023

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
05/12/2023	Full	Good
01/02/2023	Full	Good
01/12/2021	Full	Good
16/01/2020	Interim	Improved effectiveness

Inspection judgements

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

There are substantial staff shortages in the home. There is a heavy reliance on agency staff, which means children do not benefit from consistent or permanent relationships with adults.

Since the last full inspection in December 2023, one child has moved out and two children have moved in. Before children move in, the manager completes an assessment of their needs, and this is used to formulate an individual behaviour support plan for the child. This means staff have clear strategies and guidance on how to support children prior to their arrival. This assessment also identifies required training for staff. For one child, leaders were unable to effectively demonstrate how staff received this identified training. The responsible individual recognises a gap in evidencing all staff training and is working with the director to streamline training systems and the manager's oversight.

The provider has given notice on one child continuing to live in the home, as they recognise staff are unable to meet the child's holistic care needs. The provider is actively working with the child's placing authority to find an alternative and suitable provision for the child to move to.

Some staff do not have all the necessary skills, experience, or training to support the individual needs of children and some staff are not clear on the provider's therapeutic model of care. However, their use of language and genuine interactions with children underpin this practice. Staff spoken to demonstrate a deep commitment in supporting the children and in wanting the absolute best for them.

Most children, despite the challenges faced, are continuing to maintain positive progress in important areas of their lives. For example, children are attending school, developing their independent skills and enjoy shared time with staff who pursue their likes and interests. Staff speak fondly about children and proudly share photographs of their trips and fun days out together. Two children have recently enjoyed planned holidays with staff.

There is good evidence of multi-agency working across the school and home. Shared therapeutic and educational targets underpin staff practice and they are reviewed regularly to help children develop personal growth and understand themselves better. Children were actively seen preparing meals, engaging in therapeutic sessions, and playing enriching games with staff during the inspection.

There is a skilled therapeutic practitioner who regularly meets with the children to assess their emotional, social and practical needs. She works with children and staff to set realistic targets, which are individually focused on helping children work through their difficult feelings and areas of developmental needs. The environment where she meets

with the children is welcoming, safe and appropriately resourced with a range of stimulating toys and activities. One child has recently gained skills in creative problem-solving.

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

The previous interim manager did not appropriately respond to one child's concerns about staff, following a physical intervention. This meant that a serious safeguarding concern was identified by an external healthcare professional. The lack of professional curiosity and consideration of contextual safeguarding risks means that, on two separate occasions, staff continued to support children without managers gaining guidance or advice from safeguarding professionals. This has the potential to hinder safe working practices.

Key workers are responsible for updating children's risk assessments with managerial oversight. Risk assessments mostly detail children's known risks, with clear strategies for staff in promoting positive behaviours and effective measures in helping children feel safe and well cared for. However, for one child, their risk management plan is not reflective of their current or emerging needs. Staff say that, at times, they feel unequipped in meeting the presenting needs of the child, resulting, on occasions, in calling the police to assist them.

Staff often have good reflective conversations with children and help them think about how they can repair relationships. This helps children to develop a greater understanding of how they, and others, may respond to certain situations. However, on one occasion, managers did not speak to a child after the use of physical intervention to keep them safe. This was a missed opportunity for the child to feel heard and for managers to quickly identify whether staff actions were proportionate.

The positive behaviour support practitioner completes functional assessments of the children's needs and uses this to underpin staff strategies in promoting and rewarding children's good behaviours. He regularly meets with children to understand the effectiveness of these strategies, and disseminates this learning with staff to review their practice and promote their understanding of the positive behaviour support model.

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

Since the last full inspection, the home manager and head of care have left the home. A new interim manager has been employed, and she has submitted her application to register with Ofsted. On the day of the inspection, the interim manager was on annual leave. This inspection was supported by the newly appointed deputy manager and virtually by the responsible individual.

The changes in management have brought instability and inconsistencies in oversight of staff practice, children's records and key decisions being made in the home. The disorder

from transitioning from one electronic recording system to another, and the unavailability of certain documents, further hindered leaders' abilities in confidently locating necessary information for children and operational requirements.

Staff performance investigations are carried out timely, to a good standard, and identify key learning outcomes for staff development. However, leaders are unable to demonstrate how managers have used these actions to upskill and underpin staff practice, for example not providing additional staff supervisions and staff re-inductions into the home. In all examples, staff have not received the required and identified training.

The responsible individual has appropriately responded to concerns raised by one child who has recently moved into the home. Staff are supporting the child to understand how they receive regular pocket monies and how to save for future events and larger purchases. However, the child still has some uncertainties about living in the home and, at times, feels unheard by staff and leaders. Currently, children do not have access to an independent advocate. This means children are not heard from external professionals who are designed to advocate children's rights and entitlements.

There are electronic locks on certain doors in the children's home that restrict regular access to shared areas, such as the kitchen and lounge/dining area. These limits of access have been put in place by leaders with the intention of safeguarding children and protecting their welfare. However, these risks have not been considered for a substantial period, including when one child moved out and when another moved in. This means the level of restrictive practice for children has not been individually reviewed in line with their current needs, risks and vulnerabilities.

Staff say they feel heard by the new interim manager and hope the new leadership will bring consistency and stability for them and the children.

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, The 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; 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; and are familiar with, and act in accordance with, the home's child protection policies. (Regulation 12 (1) (2)(a)(i)(iii)(v)(vi)(vii)) In particular, the registered person must ensure that children's risk assessments are regularly reviewed and updated. In particular, the registered person must ensure that child protection agencies are notified without delay when there are concerns regarding staff practice.	10 November 2024
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	10 November 2024

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 and use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(a)(b) (2)(c)(e)(h))	
The registered person must ensure that all employees— undertake appropriate continuing professional development; and receive practice-related supervision by a person with appropriate experience. (Regulation 33 (4)(a)(b)) In particular, the registered person must ensure that staff receive supervision in line with investigation outcomes. This requirement has been repeated.	10 November 2024

Recommendations

- The registered person should ensure that all children have access to appropriate advocacy support, and where possible this should be provided by a person that the child chooses. Looked-after children are entitled to an independent advocate to advise them and ensure they have the support needed to express their views, wishes and feelings about their care and lives. ('Guide to the Children’s Homes Regulations, including the quality standards', page 23, paragraph 4.14)
- The registered person should ensure that children have access to all shared areas of their home unless there are specific reasons why this would not meet a child’s needs. Limits on privacy and access may only be put in place to safeguard each child in the home. Any decisions to limit a child’s access to any area of the home, and any modifications to the environment of the home, must only be made where this is intended to safeguard the child’s welfare. All decisions should be informed by a rigorous assessment of that individual child’s needs, be properly recorded and be kept under regular review.

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: 1270744

Provision sub-type: Children's home

Registered provider: HEADSTART RESIDENTIAL CARE LTD

Registered provider address: 1 Swanwood Park, Gun Hill, Heathfield TN21 0LL

Responsible individual: Scott Fasciolo-Barnes

Registered manager: Post vacant

Inspector

Kelly Monniot, Social Care Inspector

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