

1271383

Registered provider:

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home is owned and run by a charity. It provides care for up to three children with social and emotional difficulties and who may have mild learning difficulties. A registered manager is in post. There were two children living in the home at the time of the inspection.

Inspection dates: 14 and 15 March 2023

Overall experiences and progress of children and young people, taking into account	outstanding
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How well children and young people are helped and protected	outstanding
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The effectiveness of leaders and managers	outstanding
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The children's home provides highly effective services that consistently exceed the standards of good. The actions of the children's home contribute to significantly improved outcomes and positive experiences for children and young people who need help, protection and care.

Date of last inspection: 9 November 2021

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
09/11/2021	Full	Good
18/02/2020	Full	Requires improvement to be good
18/11/2019	Full	Inadequate
14/01/2019	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: outstanding

Children living in this home have made and sustained exceptional progress. One child was withdrawn and had communication difficulties when he first moved into the home. He has developed trusting, positive relationships with staff, and he has friends in the community and at school.

Children have improved health, diet, exercise and sleep routines. They are referred to and engage with specialist services to support assessment of their needs.

Staff use a trauma-informed strengths-based approach in their work. As a result of skilled interventions, children have significantly enhanced emotional well-being, self-esteem and confidence.

Staff have helped children to establish healthy routines so that they are ready for school each day. There is ongoing, excellent communication and collaboration with schools. Children who have previously been anxious and experienced obstacles in their education have made significant progress.

One social worker, referring to a child she is working with, said, 'Staff have helped him to overcome barriers to education. Staff have done an exceptional piece of work preparing him for the transition to secondary school, supporting him to feel ready for school. His attendance and participation are massive achievements given his starting point.'

Children with a range of additional needs and vulnerabilities have been supported to develop confidence and are travelling independently to their schools. They are also learning life skills such as cooking, shopping and budgeting.

There is excellent practice supporting children to develop skills to articulate their wishes and feelings, to contribute to decisions about their care planning and their daily care. Staff have created feedback forms, personalised to each child's understanding and communication needs. One member of staff said, 'We celebrated the day (name of child) said, "No I do not want to do that." Up to that point he had struggled to make eye contact and struggled to share his preferences, because of his previous experiences.' Children said that their views are listened to and acted on, and there is clear evidence of this.

One child said, 'The team bring a big smile to my face.' Another child said, 'The team do everything I need. I cannot say how much out of 10 I would give them because they do more than 10.'

The home is a welcoming, comfortable, nurturing environment. The children are proud of their home and their bedrooms. They were seen to be comfortable and

relaxed at home. The home is filled with evidence of children's achievements and photos of positive memories such as holidays, attending school prom and enjoying activities.

Staff proactively promote and support children to maintain their relationships with family and friends. They also promote each child's cultural needs, heritage and identity.

Staff are creative in their individual work with children, for example role-playing an authentic apology with a child, which then developed into a script, demonstrating the child's acting skills. Staff have developed apps with children to support them in expressing their views. A member of staff created a game for children and staff to pick an emotion out of a bag, then act it out. This supported the children to understand that they may not always identify other people's emotions and feelings.

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

Children are provided with an exceptionally high level of protection and support.

Staff undertake regular individual work with children that is informed by consultations with the clinical team. The work is underpinned by a trauma-informed strengths-based model of care that staff have been trained to use.

Children have detailed risk assessments and behaviour management plans. Assessments and plans are reviewed regularly in consultations with the clinical team, at team meetings and in group supervisions. The staff team delivers a consistent, cohesive care approach, responding to each child's history, needs and vulnerabilities. As a result, the number of incidents of concern relating to aggressive behaviour and self-harm in the home have significantly reduced. There have been no missing-from-home incidents. There has been one occasion when staff used physical restraint to prevent a child harming themselves. This was proportionate and subject to management oversight.

Staff responded to concerns about emerging bullying behaviour and conflict between children quickly, carefully and sensitively. Contracts were put in place that the children agreed to. There have been no more incidents of concern.

From the start of children moving into the home, there are explicit arrangements to assess and manage risks associated with use of digital technology. This means that children can safely use technology within the home.

As a result of well-planned and creatively delivered individual work with children, staff support children to understand risks in the community. Children spend time in the community, they know safe spaces to go to, and they know how to contact a safe adult. Staff keep in touch with children when they are with friends. Staff practice is not risk-averse. Staff support children to keep themselves safe while taking appropriate age-related risks as part of their development.

In the consultations with the clinical team, staff reflect on children's known behaviours but also consider emerging behaviours and predict and plan for children's developing needs, such as considering and planning how to support a child that was moving into secondary school.

Staff adapt materials and resources they share with children to support each child's communication, abilities and preferences. This results in more effective interventions. Staff are influencing children to make positive choices and to consider the impact of their behaviours. Children happily engage in these sessions and respond to the positive reinforcement staff provide during their key work.

One child has been able to make disclosures about previous care experiences due to positive, trusting relationships in this home. The information was promptly shared with the child's social worker.

The effectiveness of leaders and managers: outstanding

The manager is confident and experienced and has the relevant qualification. There is a stable staff team that has experienced little change leading up to this inspection. Staff are qualified or are undertaking training for the relevant qualification.

The staff and manager strongly advocate for children's needs. They have raised concerns when there have been delays in progressing children's plans or children receiving services they need. For example, the manager has successfully negotiated with a school about a child's exclusion to support maintaining attendance and motivation. The manager and staff have also proactively advocated for assessments for a child to inform transition planning.

Staff report that regular supervision and team meetings are useful, and that managers value their views and contributions. Staff speak positively about the manager's commitment to training and about the consultations with the clinical team that inform their practice. The help and support staff provide for children is making a positive and significant difference to children's lives. Children feel valued as staff use positive language and positive reinforcement in all the work they do with children and in their recording.

The lead for the clinical team said, 'The team are amazing to train; they are very motivated and enthusiastic. They focus on supporting children to progress. They recognise their work is relationship-based. Strengths of the team are their collaborative working and inclusiveness.'

These views were echoed by a range of professionals contacted during the inspection. They were all extremely positive about the quality of care and quality of relationships children experience in the home. They report that staff provide skilled contributions to assessments and planning meetings and, as a result, children are making progress.

The quality of care is monitored by an independent visitor, by peer auditing within the provider group and by the manager's reviews and auditing. The manager responds to any recommendations and tracks progress of the home's development plan. The manager identifies strengths and supports the development of staff.

Audits have identified the quality of the key work and of children's plans in the home, and the creative ways in which children share their views and influence their plans, as practice worthy of sharing across the provider.

All the staff are proud of the children's achievements. They take their responsibility as positive role models for the children very seriously. Positive reinforcement, daily celebrations and supporting children to make decisions about their care are all embedded practices in the home. Children feel secure and are thriving and having fun, as the staff understand their needs and are ambitious for them.

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: 1271383

Provision sub-type: Children's home

Registered provider address: Malty Cross Ltd, 16 St. James's Street, Nottingham NG1 6FG

Responsible individual: Brenda Serrant

Registered manager: Nighat Malik

Inspector

Cathey Moriarty, Social Care Inspector

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