1277049

Registered provider: All Round Care Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home is run by a private company. The home may provide care and accommodation for up to two children who may have emotional and/or behavioural difficulties. The manager registered with Ofsted in November 2019.

Due to COVID-19, at the request of the Secretary of State, we suspended all routine inspections of social care providers carried out under the social care common inspection framework (SCCIF) on 17 March 2020. We returned to routine SCCIF inspections on 12 April 2021.

We last visited this setting on 18 March 2021 to carry out a monitoring visit. The report is published on the Ofsted website.

Inspection dates: 16 and 17 November 2021

Overall experiences and progress of children and young people, taking into account	**inadequate**
How well children and young people are helped and protected	inadequate
The effectiveness of leaders and managers	inadequate

There are serious and/or 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: 5 December 2019

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
05/12/2019	Full	Good
27/02/2019	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: inadequate

The current standards of care and support provided at this home mean that children's safety and well-being needs are not being adequately met. The lack of coordinated placement planning to support children effectively is placing them at significant risk.

Pre-admission planning includes meetings with social workers to consider whether children are compatible to live together safely. However, plans do not identify robust strategies to ensure that the staff can manage children with similar needs. As a result, children's placements are disrupted.

A child, who was making positive progress previously, has disengaged from the staff team. The staff have a good understanding of the factors that contribute to the changes in the child's behaviour. Despite their commitment to the child, staff are unable to implement strategies to help the child to re-engage. There has been an increase in incidents which have not been managed consistently. Direct work and interventions from external services are not helping the child to make progress.

Children's plans lack direction for how the staff should support children's needs so that progress can be measured against their goals. Specific strategies to support identified risks to children's health, including substance misuse, are not identified in their health plans. The lack of detailed planning documentation hinders the staff team's ability to keep children safe and improve their outcomes by having defined objectives to work towards.

A child had achieved national qualifications and started work as part of an apprenticeship over the summer. However, the child has since refused to attend the workplace, which jeopardises the apprenticeship. The staff encouraged him to meet with a careers advisor to look at alternatives. Currently, the child does not have a good daily routine. This reduces opportunities for the staff to help the child to engage in meaningful activities that improve his outcomes and future opportunities.

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

Managers and staff are unable to manage or minimise risks to children. Risk assessments contain a chronology of significant incidents, but do not reflect changing levels of risks to children. Behaviour management strategies fail to ensure that risks are managed consistently by the staff and that appropriate support is in place to minimise risk to children. Children are not kept safe and are at risk of criminalisation because some staff seek police intervention when they cannot manage children's behaviour.

There has been considerable damage to the home environment. Spindles were missing from the bannister, making the stairs unsafe. Although the provider does take steps to address the damage, some repairs are not completed promptly. A child's bedroom still needs repairs and redecoration to be finished after electrical rewiring work. The child does not have a wardrobe and the chest of drawers is broken. The bedroom door is damaged and dirty. This means the child is living in a poor environment that is not safe.

Both children have gone missing from the home. One child had not had any missing episodes for a considerable time before the arrival of the other child. The manager failed to clearly assess the need to use alarms on bedroom doors to reduce the risk of children going missing and ensure that this did not compromise children's privacy.

Records show that the staff contacted an on-call manager for support when a child was making allegations about them. The child was spoken to afterwards and did not wish to make a complaint. However, managers failed to refer the matter to the designated officer in accordance with the provider's safeguarding policy.

Physical intervention is used as a last resort to manage children's behaviour. Records do not meet the requirements of the regulation. The staff do not use the provider's procedure to speak to the child after physical interventions. Records are not clear about whether the child is spoken to after each incident. As a result, the manager does not know if the child understands why staff have taken such action.

The effectiveness of leaders and managers: inadequate

The management arrangements for the home are not effective in meeting the model of therapeutic care outlined in the home's statement of purpose. The staff are not trained to ensure that they have a good understanding of the model. The manager does not ensure that all staff have the skills to manage children's behaviours consistently. The failure to address the children's needs and risk-taking behaviours serves to intensify the cycle of risk. Therefore, outcomes for children are compromised.

Monitoring systems in the home are not robust in identifying shortfalls in practice. Records are not always signed by the author. Some records, including staff debriefs after physical interventions, are not available in the home. The manager completed debriefs with the staff and has reviewed records about the effectiveness of the measure when he was involved in the physical interventions. This does not provide objective oversight of the measures used to manage the child's behaviours. Management oversight does not identify practice improvements to support children's experiences and progress.

The staff receive regular supervision and attend team meetings, which allow them to reflect on their practice as individuals and as a group. There are good relationships with external professionals and support services and, despite the recent deterioration in children's experiences, feedback about how the staff help children is positive.

The review of the quality of care report now includes feedback from stakeholders, however the most recent report was not received by the regulator within the required timescale.

A recommendation was also made at the last inspection about the quality of the independent monitoring of the home. A new independent person was appointed. However, the reports continue to lack regular consultation with stakeholders. They do not provide robust analysis and fail to identify shortfalls in practice. This does not help the manager's understanding of practice in the home to drive improvement.

As a result of the shortfalls identified at the inspection, two compliance notices were served under regulation 12, the protection of children standard and regulation 13, the leadership and management standard. These notices will be monitored.

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; help each child to understand how to keep safe; 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; 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; that the premises used for the purposes of the home are designed, furnished and maintained so as to protect each child from avoidable hazards to the child's health; and that the effectiveness of the home's child protection policies is monitored regularly. (Regulation 12 (1)(2)(a)(i)(ii)(iii)(v)(vi)(b)(d)(e))	12 December 2021

Specifically, that plans to manage behaviour do not compromise children's safety or increase the risk of children being criminalised. Approaches to managing risk should be consistent across the staff team's practice and should be robustly reviewed if ineffective in order to identify alternative approaches. The home should be a safe place for children to live.	
* 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— 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 work as a team where appropriate; 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; 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; 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)(a)(b)(c)(e)(f)(h)) In particular, the registered person should ensure that the staff team has the skills and understanding to provide consistent levels of care for children in line with the statement of purpose. Robust monitoring and review systems should be in place to support the manager's understanding of care provided in the home and address any shortfalls.	12 December 2021

The care planning standard is that children— receive effectively planned care in or through the children's home; and have a positive experience of arriving at or moving on from the home. In particular, the standard in paragraph (1) requires the registered person to ensure— that children are admitted to the home only if their needs are within the range of needs of children for whom it is intended that the home is to provide care and accommodation, as set out in the home's statement of purpose; that arrangements are in place to— manage and review the placement of each child in the home. (Regulation 14 (1)(a)(b)(2)(a)(b)(ii)) Pre-admission planning and compatibility should identify robust strategies to minimise the impact of a new child moving to the home. Children's plans should clearly outline how children are to be supported to improve their health, including actions to reduce substance misuse.	12 December 2021
The registered person may only use devices for the monitoring or surveillance of children if— the monitoring or surveillance is for the purpose of safeguarding and promoting the welfare of the child concerned, or other children; and the monitoring or surveillance is no more intrusive than necessary, having regard to the child's need for privacy. (Regulation 24 (1)(a)(d)) In particular, that individual risk assessments are completed to ensure that there is clear justification for bedroom door alarms to be activated to safeguard children.	12 December 2021
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—	12 December 2021

the effectiveness and any consequences of the use 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)(vii)(b)(i)(ii)(c)) Specifically, the review of the effectiveness of the measure should be completed and signed by an authorised person not directly involved in the intervention. Debriefs with the staff and the child involved should be completed by an authorised person independent of the measure used and records should be available for review. Debriefs with the child should be undertaken as set out in the provider's guidance.	
The registered person must maintain records ("case records") for each child which— are signed and dated by the author of each entry. (Regulation 36 (1)(c))	12 December 2021
The independent person must produce a report about a visit ("the independent person's report") which sets out, in particular, the independent person's opinion as to whether— children are effectively safeguarded; and the conduct of the home promotes children's well-being. (Regulation 44 (4)(a)(b)) In particular, the independent person should provide a rigorous review and analysis of care provided in the home to identify any shortfalls. The report should assist the manager's understanding of practice in the home to drive forward improvements.	12 December 2021

The procedure to be followed in the event of an allegation of abuse or neglect must, in particular— provide for the prompt referral of an allegation about current or ongoing abuse or neglect in relation to a child to the placing authority and, if different, the local authority in whose area the home is located. (Regulation 34 (2)(b))	12 December 2021

* These requirements are subject to a compliance notice.

Recommendations

- The registered person should ensure that a report on the review of the quality of care is produced at least once every six months and ensure that it is submitted to Ofsted within timescales. ('Guide to the children's homes regulations, including the quality standards', page 65, paragraph 15.3)

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: 1277049

Provision sub-type: Children's home

Registered provider: All Round Care Limited

Registered provider address: 6 Renwick Square, Ashton-in-Makerfield, Wigan WN4 9NF

Responsible individual: Paul Seddon

Registered manager: Aaron Hill

Inspector

Karen Willson, Social Care Inspector

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