2503076

Assurance visit

Information about this children's home

The home offers residential placements for up to three children aged five to 12 years old on admission who experience emotional and/or behavioural difficulties. The home works therapeutically with children over a period of 12 to 18 months to prepare them for a planned transition to family care.

A small private provider owns this home, which Ofsted registered in February 2019. Following a monitoring visit in August 2020, Ofsted issued three compliance notices under regulation 12 (the protection of children standard), regulation 13 (the leadership and management standard) and regulation 35 (behaviour management and records). The purpose of this visit was to review progress and inspectors found that the provider had met all three compliance notices.

The registered manager has recently left his post and cancelled his registration with Ofsted.

Visit dates: 5 to 6 October 2020

Previous inspection date: 25 February 2020

Previous inspection judgement: Declined in effectiveness

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 did not identify any serious or widespread concerns in relation to the care or protection of children at this assurance visit.

The care of children

Since the monitoring visit, one child has moved out of this home. Managers advocated for a planned move. This meant that the child was prepared and was able to say goodbye to the other child and staff. Staff prepare books with memories and photos for children when they leave. This helps children to manage their transition and remember their time living in this home. This is an important part of a child's life story.

One child continues to live in this home. Inspectors observed the child to be making good progress. He presents as physically well and appears to be happy with developing self-confidence. Staff are supporting his care plan and the child was able to express to inspectors his desire to move to a 'forever family'. The child manages his emotions by talking to his teddy bears and posting written comments for staff into his worry box. The child clearly identified to inspectors that he then talks to his key worker about any worries he has. This shows that the child is able to make a significant relationship with someone he trusts, and that staff are addressing the child's emotional needs.

The social worker for the child reported that he is more settled lately, with a reduction in the need for staff to use physical interventions. She has seen progress in the home and implementation of changes to address the shortfalls identified at Ofsted's last monitoring visit. The social worker states that communication with staff is good.

Managers have responded to meet the child's social needs now that he is living alone in this home. He has visited the sister home, where he has enjoyed playing computer games with the boys who live there and joining them for Sunday lunch. The child has also participated in a range of activities with staff, which he enjoys, at home playing football or computer games and at a local trampolining centre.

At the monitoring visit, inspectors identified a shortfall following managers not seeking medical advice for children who had symptoms which could be associated with COVID-19. Inspectors are satisfied on this assurance visit that the staff are meeting the health needs of children. When children have complained of being hurt during a physical intervention, reports clearly evidence how staff are responding to ensure that the child is safe and well. In addition, managers oversee the reports and speak independently to the child to establish if they require medical assistance.

Staff follow government guidelines to ensure that measures are in place to reduce the risk of COVID-19 transmission. Staff have created a child-friendly folder containing age-appropriate information about COVID-19 which a child has contributed to, with the preparation and decoration of the folder. This folder helps staff assess his understanding of COVID-19 and encourages shared responsibility to reduce the risk of transmission of the virus.

The child living in this home returned to school full time in September. His teacher told inspectors that regular meetings were maintained with staff during COVID-19 lockdown, stating: 'Everyone was on the same page. They did a great job during a very difficult time.'

Staff use a communication tool which has improved the process of information sharing between home and school. The child informed inspectors that he has had three certificates this term for being a star pupil. Staff display the certificates on the fridge. This shows the child that staff are proud of him and reinforce his achievements.

The safety of children

The monitoring visit found serious shortfalls with how staff had kept children safe when they were displaying challenging behaviour. Inspectors found that staff responded to children in a way which escalated their behaviour, resulting in incidents and physical interventions. At this assurance visit, inspectors found that the provider has addressed all areas of shortfall.

Managers told inspectors that they model good childcare practice and use reflection in team meetings and supervision. They explore with staff alternative strategies to use when caring for children who are upset or angry. This has been effective, as physical intervention and incidents have significantly reduced in the home.

The interim manager is now completing comprehensive debriefs with children following physical interventions. She also debriefs staff, which she confirms in records. However, she does not record the detail of these debriefs on the physical intervention recording template. This does not evidence fully her assessment of the incident. Following reviews of records and discussions during the visit, inspectors concluded that independent oversight of physical interventions has improved since the monitoring visit. This enables the interim manager to assess that the physical intervention was appropriate and proportionate.

The staff are receiving refresher physical intervention training. Due to safe management to prevent the transmission of COVID-19, the training is taking place in the home. As a result, training is bespoke and enables staff to explore more specific scenarios and responses. This increases staff confidence to de-escalate children's behaviour safely.

Children have risk assessments and behaviour management plans. Staff embed the clinical psychologist's guidance into the plans. This encourages staff to use a consistent behavioural management approach, which is child centred and solution focused.

In addition, managers monitor and review children's plans. This ensures that staff update documents to reflect significant events. Inspectors found that not all records have staff signatures and dates. This does not confirm the author or date, which could cause confusion for new staff reading the plans.

Managers are addressing several maintenance issues in the home. This includes redecoration of areas following water damage and repairs to internal fire doors and window latches. The provider is also renovating the bathroom in response to comments by the child. As this work is currently underway, the upstairs toilet is not operational. The provider has experienced delay in contractors being available to complete work once site visits recommenced following COVID-19 restrictions. This has an impact on the day-to-day safety and routines for children living in this home.

Leaders and managers

At the monitoring visit, inspectors raised serious concerns about the leadership and management of the home. Inspectors were concerned about the quality of monitoring to ensure the care provided to children was in accordance with the home's statement of purpose and policies. The inspectors were satisfied on this assurance visit that all shortfalls have been met.

The registered manager has now left his post. One of the directors, who is suitably qualified and skilled, is providing interim management of the home.

The responsible individual has also increased his management oversight. He is at the home daily, provides structure for staff and reinforces the ethos of the home. As a result, staff told inspectors that they feel more supported by managers and their guidance has given them increased confidence to perform their roles.

Staff have reread safeguarding, whistle-blowing and behaviour management policies. Inspectors felt confident that the staff they spoke to provide care in accordance with the home's statement of purpose and understand the policies in place to safeguard children in their care.

In addition, staff have completed an extensive range of training since the monitoring visit. This includes online courses completed over several weeks to support the provision of care and effective communication with vulnerable children. Staff state that this has helped to improve their skills in understanding children and de-escalating situations to avoid a physical intervention wherever possible.

Staff receive regular and effective supervision which offers the opportunity for professional and personal development. A clinical psychologist visits the home fortnightly to provide specific training, attend the team meeting and offer clinical

supervision. The inspector found that managers have now embedded and reinforce the psychological support into the care practices and running of the home. This is a valuable resource to enhance the quality of care provided to children.

A deputy manager has recently joined the team and is an excellent role model to staff. He has influenced the review of some existing house rules, for example, the availability of snacks for children. This is changing the culture in the home and provides for family-based care in line with the ethos of the home as children are prepared for fostering.

There continue to be three vacancies to complete the staff team. There have been delays to recruitment due to COVID-19 restrictions. Managers have oversight of the staff rota and have managed care using core team members rather than agency workers. The current reduction in children in the home means that staff receive regular rest days and there are sufficient staff to provide consistent care to meet the needs of the two children living in the home.

The interim manager has produced a report to review the quality of care provided. This report evaluates the experiences of children against the quality standards and provides a clear action plan for the period ahead. However, the interim manager does not include evidence of stakeholder consultation. This means that there is limited consideration of the views of children, their families and significant others into the quality of care provided and any adjustments as a consequence of their input.

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 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 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. (Regulation 12 (1)(2)(d))	06/11/2020
The registered person must complete a review of the quality of care provided for children ("a quality of care review") at least once every 6 months.	31/03/2021

In order to complete a quality of care review the registered person must establish and maintain a system for monitoring, reviewing and evaluating— the quality of care provided for children; the feedback and opinions of children about the children's home, its facilities and the quality of care they receive in it; and any actions that the registered person considers necessary in order to improve or maintain the quality of care provided for children. The system referred to in paragraph (2) must provide for ascertaining and considering the opinions of children, their parents, placing authorities and staff. (Regulation 45 (1)(2)(a)(b)(c)(5))	

Recommendations

- Regulations 35-39 detail the records that must be kept in children's homes. All children's case records (regulation 36) must be kept up to date and stored securely whilst they remain in the home. Case records must be kept up-to-date and signed and dated by the author of each entry. Children's case records must be kept for 75 years from the date of birth of the child, or if the child dies before the age of 18, for 15 years from the date of his or her death.
  (Guide to the Children's Homes Regulations including the quality standards, page 62 paragraph 14.3)

Children's home details

Unique reference number: 2503076

Registered provider: Hygge Care Ltd

Registered provider address: Grosvenor House, 11 St Pauls Square, Birmingham, West Midlands B3 1RB

Responsible individual: Justin Evans

Registered manager: Post vacant

Inspectors

Joanna Warburton, Social Care Inspector
Sam Dulay-Kainth, Social Care Inspector

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