

2510328

Registered provider: Hand in Hand Childcare

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home is run by a private company and provides care for up to three children who have suffered early childhood trauma.

The manager registered with Ofsted in August 2020 and is suitably qualified.

Inspection dates: 10 and 11 May 2023

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 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: 26 April 2022

Overall judgement at last inspection: good

Enforcement action since last inspection: not applicable

Recent inspection history

Inspection date	Inspection type	Inspection judgement
26/04/2022	Full	Good
26/01/2022	Full	Requires improvement to be good
03/11/2021	Full	Inadequate
21/01/2020	Full	Requires improvement to be good

Inspection judgements

Overall experiences and progress of children and young people: inadequate

Management oversight is not sufficient and there are shortfalls in safeguarding practice. This leaves children at risk of harm and does not promote their welfare.

At the time of the inspection, three children were living in the home. Since the previous inspection, one child has moved out. Managers were unable to demonstrate how staff helped to prepare this child to move from the home on to semi-independent living. Staff did not provide further support to the child either emotionally or practically. One child has moved into the home, which was a planned move.

The home is not well maintained throughout. Only the lounges and one child's bedroom offer a comfortable and homely environment. Other areas of the home are unwelcoming. For example, one child's bed is broken and there is dried blood on the curtains and windowsill. In another example, staff had not attempted to make the bedroom welcoming for a child who had been missing from home for six days. Their washing remained piled in their bedroom, and they had no clean clothes ready for their return.

Not all children feel safe or listened to in the home. One child told the inspectors that they feel safe and that the care from staff is good. However, another child told the inspectors, '[Name of home] needs to install cameras in the house so staff can see anything that takes place that they (staff) don't see. Then that would be proof, and I would feel safer.'

The quality of relationships between staff and children is inconsistent. Some staff build positive relationships with children, which has a positive impact on their progress and experiences. However, not all children benefit from this quality of engagement. For example, staff told a child, who was missing for a prolonged period and indicating they would return home, that they would not be included in the takeaway meal for that evening. This does not demonstrate a caring and child-focused approach.

Two children attend school and are making good educational progress. However, managers and staff fail to act in a timely manner when children are not engaged in education. For example, staff have not been able to engage one child effectively each day in learning and educational activities. Consequently, this child is left to their own devices during the day. Staff have limited awareness of the child's activity outside the home and show little professional curiosity in respect of this.

Most children are supported to attend routine medical appointments. Healthcare plans identify children's individual needs. Statutory health assessments have been carried out for most children who attend specialist appointments. However, this is

not consistent for all children. Despite efforts from staff, they have not been able to engage one child effectively in attending routine appointments and there are no plans for staff to address this issue.

Children's care plans do not contain the relevant information or strategy for a particular type of care, treatment or intervention for children. For example, children do not receive counselling or support from the in-house therapist regarding their childhood trauma. As a result, staff have little understanding of how children might communicate their feelings through their behaviour.

Managers and staff do not regularly review and update children's records to capture their progress and needs. For example, healthcare and placement plans do not contain relevant information about the children's needs. Furthermore, on occasions, staff have failed to record relevant information in children's daily records. This means that if children want to access their files in the future, information would be limited and not represent their journey.

Children maintain important relationships with family members. Staff communicate well with social workers to review the arrangements for children to spend quality time with their families. They show a good understanding of the importance of children spending meaningful time with those who are important to them. As a result, children benefit from this care and understanding and retain a sense of identity.

Children have opportunities to participate in activities that support their interests, such as golf and shopping. New experiences and different leisure activities promote children's self-esteem and confidence and help them to develop new skills.

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

Staff do not actively protect children from harm and understand potential risk. Managers and staff do not have the skills to ensure children's safety or act when there are concerns about their welfare. Staff do not have sufficient guidance to enable them to understand risk and protect children. Furthermore, one child's risk assessment has not been updated since September 2022. Managers fail to take action to minimise potential risk and update written risk assessments to ensure that staff are fully informed.

Allegations of harm from children are not always taken seriously by staff and managers. For example, staff assumed that a child made a false allegation of harm by another child. Staff failed to explore this and escalate the concern. Consequently, the child did not feel listened to and expressed their concerns to the inspector.

Managers' and staff's response when children go missing is poor. Staff are not familiar with national missing-from-care protocols. In addition, staff do not follow children's missing-from-care protocols. For example, one child had been missing for six days and staff only carried out initial searches in the local area, when the child's whereabouts was a considerable distance away from the home. As a result,

managers and staff do not take sufficient action to ensure that children are protected from harm in the community.

When staff have the opportunity to safely return children back to the home, they do not act. For example, staff refused to collect a child who had been missing for a significant period when they made contact asking to be picked up. Staff instructed the child to make their own way back on public transport, despite them being concerned about the child's welfare at the time. As a result, the child did not return home and remained missing for a further period. This put the child at increased risk.

The home's approach to safeguarding children who use the internet is inconsistent and for one child it is poor. Inspectors found that staff have not regularly checked children's electronic devices, even when there has been a history of the child accessing unsafe websites. This lack of vigilance means that safety measures are not in place to mitigate the risk of harm.

Children do not always experience consistent care and boundaries from staff. For example, some staff allow children to sleep downstairs and eat snacks during the early hours of the morning. Managers fail to identify these inconsistencies and how they negatively impact on the care that children receive.

The effectiveness of leaders and managers: inadequate

The registered manager and responsible individual do not have an in-depth understanding about the strengths and weaknesses of the home. In addition, they fail to identify shortfalls in the safeguarding of children. These weaknesses limit the capacity to make sustained improvements.

Managers fail to deliver their ethos and outcomes as set out in the home's statement of purpose. The poor culture in the home means that children are not protected from harm or provided with a caring and nurturing environment that meets their needs. Managers are failing to identify this. For example, there is broken furniture in children's bedrooms, including a broken bed, and staff have not ensured that a child's bedroom is welcoming, clean and tidy in readiness for them returning home after being missing from care.

The managers' oversight and monitoring of the home are poor, which does not protect children from harm. Monitoring systems fail to identify shortfalls in the care of children and staff's response to missing-from-care incidents. They fail to identify that staff do not assess risk and provide a consistent quality of care to children. As a result, they fail to identify patterns and trends in the practice of staff and behaviour of children. This has resulted in a poor safeguarding culture and significant risk to children going undetected.

Inspectors found dried blood in one child's bedroom on the windowsill and the curtain. Managers and staff were not aware what could have caused the bleeding and if a child had been seriously harmed. Managers and staff were also not aware of

any occasion where a child had been injured. This means that managers do not always have effective oversight regarding children's welfare.

The care of children demonstrates a lack of safeguarding knowledge and understanding, particularly around risks to children and taking action to keep them as safe as possible. Managers do not assess staff's knowledge effectively to ensure that they have the skills to keep children safe. Managers fail to provide staff with guidance to support them in keeping children safe.

Some staff have not received training to ensure that they have the skills to meet children's needs. For example, some staff are not trained in how to respond to missing-from-care concerns. Therefore, staff's responses to these risks have been poor. For one child, who regularly goes missing from care, leaders and managers have not ensured that staff fully understand the risks or the strategies to reduce those risks. These shortfalls impact on children's safety, experiences and well-being. Additionally, not all staff have attained the appropriate qualification for their role within the necessary time frame.

When children express their concerns, leaders and managers do not ensure that they receive feedback regarding their complaints. Although the registered manager carried out an investigation into a complaint, the outcome of this was not explained to the child, despite concluding several months prior.

Managers do not ensure that all staff have the skills to meet children's individual needs. For example, some staff have not received specific training to help and support children with their identity, mental health or sexual health. This means that children do not have the support they need to promote their overall development.

Some staff told the inspectors that they feel supported by the registered manager and have a positive relationship with him. However, the quality of supervision that staff receive is variable. For example, the registered manager does not use supervision effectively to monitor staff's progress and professional development. This does not promote staff's development and improve practice in the home. The lack of oversight means that opportunities for raising staff's aspirations and ensuring better care for children are missed.

Partner agencies have mixed views about the service. Some professionals are pleased with the care provided to children. However, others state that the staff are not helping and supporting children effectively to make progress and achieve their full potential. Equally, some staff told the inspector that children receive inconsistent care.

The home's statement of purpose has not been updated to accurately reflect changes to the staff team and service delivery. In addition, the therapeutic support, outlined in the home's statement of purpose, is not effective. This undermines the registered manager's ability to deliver care that is consistent with the aims and objectives set out in this document.

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 quality and purpose of care standard is that children receive care from staff who— understand the children's home's overall aims and the outcomes it seeks to achieve for children; use this understanding to deliver care that meets children's needs and supports them to fulfil their potential. In particular, the standard in paragraph (1) requires the registered person to— ensure that staff— provide to children living in the home the physical necessities they need in order to live there comfortably. (Regulation 6 (1)(a)(b) (2)(b)(vii)) In particular, ensure that children's bedrooms are clean and tidy and that the home is a nurturing, well-maintained and welcoming environment for children.	16 June 2023
The children's views, wishes and feelings standard is that children receive care from staff who— take their views, wishes and feelings into account in relation to matters affecting the children's care and welfare and their lives. In particular, the standard in paragraph (1) requires the registered person to— ensure that staff— help each child to understand how the child's views, wishes and feelings have been taken into account and give the child reasons for decisions in relation to the child;	16 June 2023

regularly consult children, and seek their feedback, about the quality of the home's care. (Regulation 7 (1)(c) (2)(a)(iii)(iv)) This specifically relates to the registered manager and staff ensuring that they support children to express their views and consult with them and provide feedback.	
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 to achieve the child's education and training targets, as recorded in the child's relevant plans; support each child's learning and development, including helping the child to develop independent study skills and, where appropriate, helping the child to complete independent study; understand the barriers to learning that each child may face and take appropriate action to help the child to overcome any such barriers. (Regulation 8 (1) (2)(a)(i)(ii)(iii)) This particularly refers to the registered manager and staff ensuring that children are supported to overcome barriers to their learning.	16 June 2023
*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;	16 June 2023

have the skills to identify and act upon signs that a child is at risk of harm; manage relationships between children to prevent them from harming each other; understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person. (Regulation 12 (1) (2)(a)(i)(ii)(iii)(iv)(v)) This particularly refers to the registered manager and staff ensuring that they protect children from harm. They must understand their roles and responsibilities to protect children, take action to prevent children from harming one another and follow child protection procedures. It also refers to staff ensuring that they understand potential risks, minimise risks and follow children's risk assessments. These documents must be regularly reviewed and updated.	
*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 have the experience, qualifications and skills to meet the needs of 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; 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)(c)(f)(h))	28 June 2023

This particularly refers to the registered manager ensuring that staff have a consistent approach to children's care. It also relates to the registered manager ensuring that they and all staff receive essential training. In addition, the responsible individual must have the skills to carry out their role effectively. It also relates to the registered manager ensuring that they use internal monitoring systems more effectively.	
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. (Regulation 14 (1)(a)(b)) This particularly refers to the registered manager and staff ensuring that they help each child, practically and emotionally, to prepare to leave the home.	16 June 2023
For the purposes of paragraph (3)(b), an individual who works in the home in a care role has the appropriate qualification if, by the relevant date, the individual has attained— the Level 3 Diploma for Residential Childcare (England) ("the Level 3 Diploma"); or a qualification which the registered person considers to be equivalent to the Level 3 Diploma. The relevant date is— in the case of an individual who starts working in a care role in a home after 1st April 2014, the date which falls 2 years after the date on which the individual started working in a care role in a home; or in the case of an individual who was working in a care role in a home on 1st April 2014, 1st April 2016. (Regulation 32 (4)(a) (5)(a)(b))	28 June 2023
The registered person must ensure that all employees— undertake appropriate continuing professional development;	16 June 2023

receive practice-related supervision by a person with appropriate experience. (Regulation 33 (4)(a)(b)) This specifically relates to the registered manager ensuring that all staff receive reflective supervision.	
The registered person must prepare and implement a policy ("the missing child policy") setting out— the steps taken, and to be taken, to prevent children from being absent without permission; and the procedures to be followed, and the roles and responsibilities of persons working at the home, in relation to a child who is, or has been, so absent. (Regulation 34 (4)(a)(b))	16 June 2023
The registered person must maintain records ("case records") for each child which— include the information and documents listed in Schedule 3 in relation to each child; are kept up to date; and are signed and dated by the author of each entry. (Regulation 36 (1)(a)(b)(c)) This relates to staff ensuring that all children's records are updated and capture the child's journey.	16 June 2023

* These requirements are subject to a compliance notice.

Recommendations

- The registered person should ensure that each child's day-to-day health and well-being needs are met. ('Guide to the Children's Homes Regulations, including the quality standards', page 33, paragraph 7.3)
- The registered person should ensure that the home's statement of purpose is kept under review and reflects the staff structure in the home. ('Guide to the Children's Homes Regulations, including the quality standards', page 15, paragraph 3.6)

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: 2510328

Provision sub-type: Children's home

Registered provider: Hand in Hand Childcare

Registered provider address: 20 Birmingham Road, Walsall WS1 2LT

Responsible individual: Rajvinder Kaur

Registered manager: Andrew Alexander

Inspectors

Patrick McIntosh, Social Care Inspector

Tara Weston, Social Care Inspector

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