

2510604

Registered provider: Nestlings Care Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home is privately operated and provides care for up to four children who may have complex mental health problems and/or learning disabilities.

The registered manager left in August 2021. An acting manager is in post and is in the process of being registered with Ofsted.

Inspection dates: 8 and 9 June 2022

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: 28 March 2022

Overall judgement at last inspection: improved effectiveness

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
28/03/2022	Interim	Improved effectiveness
11/05/2021	Full	Requires improvement to be good
10/03/2020	Full	Outstanding

Inspection judgements

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

Since the interim inspection, one child has moved into the home. A long transition took place to ensure that the child was ready to move into the home from a hospital placement. Positively, this is the longest time the child has lived in a community setting in a long time. However, the manager did not assess whether the care staff have the skills to meet her needs. Staff have found it very difficult working in the home due to the level of daily incidents of violence and self-harm.

Two children living in the home are being supported with their complex mental health needs. Children are encouraged to engage regularly in direct work with specialists. This has helped children to explore their thoughts and feelings. Family members have also received support to help them rebuild communication with their children.

Children are not currently accessing education. Staff do not have structured plans in place for children who are not attending school. Although there has been communication with schools, there has been some drift in children re-engaging with education due to the level of incidents in the home.

Some areas of the home have been decorated, with plans for further work in place. Systems are in place to ensure that any damage is repaired quickly. Staff have encouraged children to celebrate cultural events in the home.

Staff spend time with children in the home. Children are rarely able to access the community due to the level of risk identified. Staff have reflected as a group on the difficulties of occupying children who are unable to leave the home. The manager has recently requested additional support from the clinical team. Staff have spent some time with children doing arts and crafts, baking and playing games in the garden. Children are encouraged to share their views and personalise their bedrooms.

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

Children are provided with mental health support from the clinical team. Medical professionals in the team assess each child's individual need for medication. Careful consideration and planning are ongoing to ensure that required medication is administered legally and sensitively.

Staff are regularly required to physically intervene to prevent children from harming themselves or others. Records do not include enough detail on the methods used by staff or the steps they took to prevent the need for physical intervention. Although

managers do have oversight, they have not always reviewed the staff's actions or ensured the children are debriefed after the incident.

Children have not always been kept safe. A thorough review is completed after a significant incident in the home to reflect and prevent re-occurrence. On one occasion, managers identified that staff did not follow the child's risk management plan to keep the child safe.

Staff providing day-to-day care are rarely involved in the multi-disciplinary meetings to review risk. The risk management plans written for staff by the clinical team do not always contain accurate information or reflect current levels of risk. As a result, the environmental hazards are managed inconsistently with the plans.

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

The manager is experienced and qualified. Staff spoke highly of the support that she provides to them, particularly through more difficult times. The manager is aware of the main strengths and weaknesses of the home and has chosen to focus on supporting staff with the aim of increasing staff retention.

There have been several changes to the staff team in the last year. Positively, four staff have been recruited since the interim inspection in March. However, the statement of purpose has not been updated to reflect the changes. This means that the document does not reflect the current staff providing care to the children.

Staff shortages have meant that agency staff have been used on a regular basis. Steps are in place to ensure that agency staff are given essential information and the manager plans to consistently employ the same agency staff whenever possible. Managers accept that relationships with the children are essential to supporting the children's progress.

The procedure for managing allegations was not followed through effectively on one occasion. Although the manager did report the allegation to the local authority designated officer and Ofsted, meeting a previous requirement, she did not follow this up in a timely manner. This has the potential to put children at risk.

The manager has not yet submitted a review of the quality of care to Ofsted. This has been a repeat requirement since the home registered. Although the manager has begun to carry out the next review, the requirement to send the previous review to Ofsted has not been met. This reduces the regulator's oversight of the development plans and the feedback received.

The home is visited monthly by an independent person. Reports provided capture relevant areas for development. However, it is not always clear that feedback is requested from children's families. This is a missed opportunity to gather a holistic view of the care received by 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 registered person must— keep the statement of purpose under review and, where appropriate, revise it; and notify HMCI of any revisions and send HMCI a copy of the revised statement within 28 days of the revision. (Regulation 16 (3)(a)(b)) This requirement was made at the last inspection and is restated.	31 July 2022
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. 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. After completing a quality of care review, the registered person must produce a written report about the quality of care review and the actions which the registered person intends to take as a result of the quality of care review ("the quality of care review report"). The registered person must—	31 July 2022

supply to HMCI a copy of the quality of care review report within 28 days of the date on which the quality of care review is completed; and make a copy of the quality of care review report available on request to a placing authority, if the placing authority is not the parent of a child accommodated in the home. 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)(3)(4)(a)(b) (5)) This requirement was made at the last inspection and is restated.	
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; understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person; are familiar with, and act in accordance with, the home’s child protection policies; 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. (Regulation 12 (1) (2)(a)(i)(v)(vii)(c)) This specifically relates to staff ensuring that they follow the contents of the risk management plans, which need to be regularly reviewed and contain accurate information. This also relates to managers following policy when an allegation is made.	31 July 2022

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— details of the child’s behaviour leading to the use of the measure; a description of the measure and its duration; details of any methods used or steps taken to avoid the need to use 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)(i)(ii)(iv)(v)(b)(i)(ii)(c)) This specifically relates to the records of physical intervention documenting how staff have physically intervened. This also relates to the manager reviewing staff’s actions, including whether the holds used were appropriate and effective.	31 July 2022
When the independent person is carrying out a visit, the registered person must help the independent person— if they consent, to interview in private such of the children, their parents, relatives and persons working at the home as the independent person requires. (Regulation 44 (2)(a)) This relates specifically to feedback being requested from children’s families.	31 July 2022

Recommendations

- The registered person should ensure that children who are not attending education full time are engaged in suitable structured activities relevant to their individual needs and interests. ('Guide to the Children's Homes Regulations, including the quality standards', page 28, paragraph 5.15)
- The registered person should only accept placements for children where they are satisfied that the staff team has the skills to respond effectively to the child's assessed needs. ('Guide to the Children's Homes Regulations, including the quality standards', page 56, paragraph 11.4)

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: 2510604

Provision sub-type: Children's home

Registered provider: Nestlings Care Limited

Registered provider address: Suite 4, 1 Derby Street, Leigh, Lancashire WN7 4PF

Responsible individual: Anthony Thompson

Registered manager: Post vacant

Inspector

Sylvia Eboigbe, Social Care Inspector

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