2523027

Registered provider: Kennet Care Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home is privately owned and is registered to provide care for up to six children aged between eight and 17. The home aims to create a warm, caring, safe and supportive environment which enables children to recover from past life experiences and grow to achieve their full potential.

There has been no registered manager since 28 September 2020.

Due to COVID-19 (coronavirus), at the request of the Secretary of State, we suspended all routine inspections of social care providers on 17 March 2020.

We last visited this setting on 12 October 2020 to carry out an assurance visit. The report is published on our website.

Inspection dates: 11 and 12 May 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 widespread failures that mean children are not protected or their welfare is not promoted or safeguarded and the care and experiences of children are poor and they are not making progress.

Date of last inspection: 12 October 2020

Overall judgement at last inspection: not applicable

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
12 October 2020	Assurance visit	N/A

Inspection judgements

Overall experiences and progress of children and young people: inadequate

Children are regularly absent and disengaged from staff. They do not attend school and show little interest in activities. Staff do not ensure that there are clear and consistent boundaries. For the children, there is no sense of belonging.

Children live in a home that is not suitable to meet their needs. The maintenance of some rooms, especially bedrooms, is poor. Broken window restrictors, damaged furniture, missing or cracked mirrors and inappropriate arrangements for privacy all contribute to a dishevelled environment.

Staff do not support children towards developing their independence skills. Basic domestic skills, such as vacuuming carpets, are not applied in practice. Children smoke in their bedrooms, using items such as phone cases or cups as ashtrays. Staff do not remove these or support the children not to smoke.

Staff do not ensure that any damage to bedrooms or furniture is repaired. In one case, there was significant damage to walls and a fire door with no plans for any remedial work. This means that children are not living in a suitable, safe and well-maintained environment.

Staff do not ensure that children's emotional well-being is supported. Some plans for children remain unchanged even though the child has been expressing difficult emotions, coupled with distressing news that had been received by the child in an unplanned way.

Staff do not work well with other professionals, for example by ensuring that pathway plans are reviewed. Children are poorly prepared for their transition into adulthood.

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

The risk management strategies for significant risks to children are inadequate. Senior leaders have not ensured that the necessary guidance is available to staff to keep the children safe. Examples are how staff prevent and respond to unknown visitors in the home who may pose a risk to children. In some cases, visitors have been in a child's bedroom undetected for a significant period. Staff rely on other agencies, when those agencies have already advised the staff of their limited powers. This means that children are at risk of harm.

Staff have not provided effective care for the children. In one case, there was a significant delay in taking medical advice about the physical and mental health needs of a child. In another case, staff had not fully considered the escalating risk when the child heard news about a family bereavement in an unplanned way.

Consequently, there was not a suitable support plan in place to meet the child's emotional needs and to prevent further risky behaviour. This means that children's health is not being promoted.

Strategies to prevent children going missing from care have been ineffective. There has been an abnormal number of missing-from-care episodes and staff have been unable to work effectively with the children to reduce this.

Staff do not adhere to other risk assessments that are in place, such as to deter smoking. For example, staff do not remove smoking materials from bedrooms. They were not aware of the presence of a cigarette packet with foreign writing, how the child obtained this or what the child did with the contents. Children continue to smoke with little support to stop.

One child rendered the fire door on his bedroom inoperable. Staff have not considered the risk, especially as the child smokes in his room. Staff have no plans in place to respond effectively in the event of fire if the child refuses to leave the room, even though some children have refused to leave during trial evacuations. This means that children are not safe in the event of fire.

A child in an emotionally charged state caused considerable damage to his bedroom. Despite senior leaders being aware of this, the child continued to stay in the bedroom for several weeks. This child moved into the spare bedroom at the request of the inspector during the inspection.

The effectiveness of leaders and managers: inadequate

The approach by permanent staff to children going missing from care has been poor and unchecked by the manager. Despite believing that a senior staff member returned to bed when a child had gone missing from care in the early hours of the morning, the manager did not challenge this. The manager stated that the staff member had fulfilled their duty of care and had done the right thing in going back to bed. The risk of a repeat episode of children going missing from care without staff looking for them is high.

Senior leaders have established a software system to record and help them manage incidents. They are overconfident in the automated notification to placing social workers. In one case, a placing social worker had not been advised of significant incidents for two months. When staff have advised placing social workers by other methods, such as email, there have been inexplicable delays. Other details are not checked. For example, the time of an incident in an incident report did not match the information provided to the police. This means that staff are not working with other professionals to provide effective care. Children are at risk due to the poor management oversight of incidents and the over-reliance on technology.

The inspector found that a significant proportion of the staff team is unqualified and has no previous experience in caring for vulnerable children. The poor approaches to children missing from care, substance misuse, delays in notifying or taking advice

from other professionals, identifying increased risks of harm and fire safety were evident in practice. Staff had not considered the underlying psychological reasons for a child who had been scratching and drawing on furniture. Consequently, there were no strategies to address the underlying emotion. Children remain at risk. They are subject to a poor quality of care and are not making progress.

The manager did not ensure that there was a risk assessment in place for an adult whom he believed had been served with a child abduction warning notice (CAWN) in relation to a child in the home. Senior leaders provided a risk assessment the day after the inspection. Although this gave a description of an individual, this had not been confirmed with police. This means that the adult with a CAWN may have access to children. The risks to children remain.

The independent visitor visits the home monthly and identifies some of the pertinent issues. However, the manager does not use the visitor's report to improve the quality of care. Other management monitoring has failed. The implications of the responsible individual living overseas and being able to maintain oversight of the setting have not been sufficiently assessed.

Other shortfalls in the environment, such as bedrooms with broken window restrictors, damaged furniture, missing or cracked mirrors and inappropriate arrangements for privacy, remain unchecked. Children do not live in an environment that is suitable for their needs.

The manager has been inconsistent in notifying Ofsted of significant incidents. This shortfall has limited the regulatory body in maintaining an oversight of the home and the actions that staff are taking to safeguard children.

The manager has submitted the statutory six-monthly review reports to Ofsted, but he has not considered the opinions of children, staff, parents and placing authorities when compiling the report. This means that his evaluation of the quality of care lacks the views of key people to influence necessary improvements.

The arrangements for medication, as identified at the previous inspection, were not able to be reviewed during this inspection. Therefore, this requirement is repeated. The manager has submitted an application to register with Ofsted and this is being processed.

Ofsted issued an emergency suspension notice and four compliance notices as a result of this inspection.

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 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— use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(a)(b) (2)(h))	13 June 2021
*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— ensure that staff have the experience, qualifications and skills to meet the needs of each child. (Regulation 13 (1)(a)(b) (2)(c))	13 June 2021
*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—	13 June 2021

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))	
*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; take effective action whenever there is a serious concern about a child's welfare. (Regulation 12 (1) (2)(a)(i)(v)(vi))	13 June 2021
The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children's home. In particular the registered person must ensure that— medicines kept in the home are stored in a secure place so as to prevent any child from having unsupervised access to them; medicine which is prescribed for a child is administered as prescribed to the child for whom it is prescribed and to no other child; and a record is kept of the administration of medicine to each child. Paragraph (2) does not apply to medicine which— is stored by the child for whom it is provided in such a way that other persons are prevented from using it; and may be safely self-administered by that child.	13 June 2021

(Regulation 23 (1) (2)(a)(b)(c) (3)(a)(b)) In particular, ensure that the staff's processes for the recording and disposing of medicines received into the home are in accordance with the home's medication policy.	
The health and well-being standard is that— the health and well-being needs of children are met; children receive advice, services and support in relation to their health and well-being; and children are helped to lead healthy lifestyles. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff help each child to— understand the child's health and well-being needs and the options that are available in relation to the child's health and well-being, in a way that is appropriate to the child's age and understanding; understand and develop skills to promote the child's well-being. (Regulation 10 (1)(a)(b)(c) (2)(a)(ii)(iv))	13 June 2021
The registered person must notify HMCI and each other relevant person without delay if— an incident requiring police involvement occurs in relation to a child which the registered person considers to be serious; there is an allegation of abuse against the home or a person working there; there is any other incident relating to a child which the registered person considers to be serious. (Regulation 40 (4)(b)(c)(e))	13 June 2021
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 (5))	13 June 2021
In meeting the quality standards, the registered person must, and must ensure that staff—	13 June 2021

seek to involve each child's placing authority effectively in the child's care, in accordance with the child's relevant plans. (Regulation 5 (a))	

* These requirements are subject to a compliance notice.

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: 2523027

Provision sub-type: Children's home

Registered provider: Kennet Care Limited

Registered provider address: C/O Stan Colaco & Co, Regus Business Centre, Centurion House, London Road, Staines-upon-Thames TW18 4AX

Responsible individual: Raj Kelair

Registered manager: Post vacant

Inspector

Keith Riley, Social Care Inspector

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