

2544219

Registered provider: Vcare - 24 Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The children's home is owned and operated by a private company. The home is registered to provide care and accommodation for up to one child who may have emotional and/or social difficulties.

The home has been registered since July 2020. There is no manager in post at the home.

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.

Inspection dates: 8 and 9 December 2021

Overall experiences and progress of children and young people, taking into account **good**

How well children and young people are helped and protected **good**

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

The children's home provides effective services that meet the requirements for good.

Date of last inspection: n/a

Overall judgement at last inspection: not applicable

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
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Not previously inspected		
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Inspection judgements

Overall experiences and progress of children and young people: good

There is currently one child living in the home. Other children have moved on from the home. The child living in the home enjoys taking part in activities and is having positive experiences with staff. This includes going ice skating and going for walks. This helps the child to form positive attachments with the adults who provide their care.

The progress children make as a result of living in the home has not gone unnoticed. A previous child's social worker said, 'When [child's name] moved in, he engaged in education. This is something that he had not done in a very long time. [Child's name] was settled here, this was the most settled he had been in years.'

One child has not always been consistent in taking their medication. Staff do not educate the child around the importance of taking their medication when they refuse it. Leaders and managers have contacted the child's consultant for a review of the prescribed medication, but have not clarified the impact of the child not taking the medication on the child's health.

Staff discuss the child's emotional well-being through direct work. The child responds well to the one-to-one time with staff. This encourages a positive staff and child relationship. As a result, the child trusts the adults around them.

The child has made progress with their education, and is attending mainstream school. The child said, 'I was scared I wouldn't make any friends, but I have, and I like going.' This has developed the child's self-esteem and confidence. As a result, the child is becoming more self-aware, which is helping them to understand what constitutes a positive friendship.

Staff promote the child's family time. This ensures that the child spends time with the people that mean the most to them.

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

Risk assessments do not include all the child's known risks, such as refusal of medication. This does not provide staff with the appropriate actions to take when the child refuses their medication.

Self-harm incidents are managed in line with the child's safety plan. Staff spoken to are aware of the child's safety plan and apply the necessary care that meets the child's needs. This means that the child receives consistent care.

Missing from home incidents receive a multi-agency response. Children receive a return home interview from an independent person following any period of missing from home. Staff carry out direct work with the child around their welfare. This

reinforces a safety message to the child and shows the child that staff care about their welfare. This forms a basis of trusting relationships with adults.

Staff use their positive relationships and verbal redirection with the children when they become anxious. This is effective, as physical interventions are rarely needed. Staff spoken to are aware of the reasons physical intervention should be used, and are appropriately trained. All staff have access to refresher training.

There are no known health and safety concerns in the home. All fire and safety equipment checks are up to date and are overseen by the managers through internal audits. This ensures that the children are living in a safe home.

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

The home is operating without a registered manager. The leaders and managers working for the company are providing some oversight. The person in day-to-day charge of the home has not applied to become registered under the care standards act. This does not support stability for staff or the child.

Leaders and managers model good care. They observe staff practice and their interactions with the child. This allows them to identify strengths and weaknesses in staff practice. New staff learn the routines and structures, and build relationships with the child quickly. This is a result of the in-depth induction that new starters receive prior to working in the home. One staff member said, 'It's the best induction I've been on. It was very informative.'

Through effective internal monitoring, leaders and managers in the home know the strengths and weaknesses of the service. This enables leaders and managers to make changes to any areas that need improving. Along with this, there is a development plan to support the home moving forward.

The person in day-to-day charge of the home has a good understanding of the progress the child is making. There is good use of multi-agency working. Social workers spoken to raise no concerns with regards to the communication between staff and themselves. The home is thought of in high regards by the social workers.

Team meetings and supervisions take place frequently. They offer the staff an opportunity to reflect, both in a group and individually. Staff said that they felt supported by leaders and managers, and fellow colleagues. Training is readily available for staff. This ensures that staff are continuously developing their knowledge.

Staff are aware of the complaints and whistleblowing procedure. They are frequently reminded of this through internal memos and supervisions. This ensures that staff's awareness is raised around the importance of these procedures.

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
Any person who carries on or manages an establishment or agency of any description without being registered under this Part in respect of it (as an establishment or, as the case may be, agency of that description) shall be guilty of an offence. (Section 11 (1) Care Standards Act 2000)	10 January 2022
The health and well-being standard is that— children receive advice, services and support in relation to their health and well-being. (Regulation 10 (1)(b))	10 January 2022
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. (Regulation 12 (1) (2)(a)(i))	10 January 2022

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: 2544219

Provision sub-type: Children's home

Registered provider: Vcare - 24 Limited

Registered provider address: Unit 18, Becklands Park, York Road, Market Weighton, York YO43 3GA

Responsible individual: Victoria Simpson

Registered manager: Post vacant

Inspector

Gemma McDonnell, Social Care Inspector

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