2567272

Registered provider: Omega Care Group Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is privately owned. It is registered to provide care for up to three children who may have emotional and/or behavioural needs.

The home was registered on 5 August 2020. There is no registered manager in post.

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.

Inspection dates: 9 to 10 June 2021

Overall experiences and progress of children and young people, taking into account	**requires improvement to be good**
How well children and young people are helped and protected	requires improvement to be good
The effectiveness of leaders and managers	inadequate

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: not applicable

Overall judgement at last inspection: not applicable

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement

This is the first inspection

Inspection judgements

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

Over time, the core staff team has worked hard to develop relationships with children that promote positive interactions. For some children, this is a sign of progress; however, their experiences and progress remain mixed.

Children's attendance and engagement in education have been sporadic. Some children's progress in key subject areas has declined, although vocational qualifications have been achieved. The staff have been strong advocates to promote children's ability to access education and to overcome barriers. When children are not in formal education, staff incorporate key skills in educational activities in the home, such as mathematics, budgeting and business skills. However, progress in these activities has not been recorded to show what children learn.

External professionals highlight that children have experienced longer periods of placement stability at this home than they have previously. They say that children's cultural needs are met well and this supports their sense of identity. They note that the staff have advocated strongly for children when issues of race have contributed to incidents at school.

The staff support children to eat healthy meals and encourage them to cook. They also encourage children to take exercise and there are games and fitness equipment available for use in the garden. The staff are aware of the impact of restrictions due to COVID-19 on children's emotional well-being and encourage children to engage in activities to prevent them feeling isolated.

The team regularly encourages children to engage in key-work sessions and with external services to support their sexual health, and to reduce smoking and substance misuse. However, children are not responding to advice. This means that these aspects of their health are not improving.

Children regularly see family members and friends in line with their wishes. Staff respond to safeguarding concerns appropriately and help children to understand if they can no longer visit overnight.

The staff are becoming more confident in making decisions and finding solutions to overcome barriers. During the inspection, a child was unable to take part in an activity because a membership pass had expired. The staff were proactive in overcoming the problem, so that the child was able to attend. This demonstrates a child-focused approach which helps the child feel supported and to manage the initial disappointment without incident.

Shortfalls identified in pre-admission planning at other homes run by the provider are being improved to ensure that future admissions in all homes are robustly

considered. However, the staff do not fully understand and embed the model of care described in the statement of purpose, to help children when they move to the home. Work to address specific issues and incidents is recorded minimally in daily summaries rather than as pieces of key work. Children's documents, including their relevant plans, are stored in various places, making them difficult to locate. This does not promote good care planning to help the staff understand how they should support children and promote positive outcomes.

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

Levels of risk for some children are decreasing. For example, children with a history of going missing regularly in previous homes are less likely to have missing episodes at the home. This also helps to reduce risks associated with being missing.

However, one child was associating with individuals who present as a negative influence. He has responded to police advice and has ended these friendships. His social worker believes a lack of direction from previous managers meant that staff did not check consistently to ensure the child was safe. The staff now complete visits to check on children's welfare as instructed by social workers. Children now enjoy more positive relationships.

Risk assessments and management plans are not individual to children. This means that they include unnecessary information and do not help the staff to understand the specific needs and risks for each child. Some risk assessments do not cross-refer to behaviour management plans to highlight children's needs that require a sensitive response.

Children have been smoking in their bedrooms. Despite the staff completing key-work sessions on the dangers of smoking and the risk of fire, and one child completing some fire awareness training, evidence was seen during inspection that this continues. The home's fire risk assessment does not identify this risk, nor does it provide further measures to reduce it. The service manager is taking steps to address this shortfall.

The staff team responded appropriately when safeguarding concerns emerged about children entering each other's bedrooms at night. Temporary door alarms were implemented as agreed with social workers and a waking night staff put in place. However, this did not prevent a reoccurrence on one occasion. A protocol was implemented to prevent this from happening again. Risk assessments are not in place to justify the use of door alarms.

Physical intervention is used as a last resort to keep children and others safe. If children do not want to speak about the intervention, staff do not always record how they use alternative approaches to know how children feel after the incident. One record contained conflicting information about the number of times and the duration of restraint of a child during a single incident. A manager involved in an intervention

completed oversight and evaluation of a record. It is, therefore, not an objective review.

The staff now implement boundaries more consistently. They have helped children to take greater responsibility and to be more independent. For example, children understand expectations about using public transport if they want to visit friends more frequently. This helps to prevent incidents when the staff are unable to provide lifts.

The effectiveness of leaders and managers: inadequate

A new manager is due to join the home. This will be the third manager since the home was registered. Both previous managers left the organisation at short notice, which was disruptive for children and the staff team. Social workers say that a lack of direction and leadership of a newly formed team has had a negative effect on children's experiences. The home is currently overseen by an unqualified service manager. She is now reviewing practice and processes in the home.

There have been several changes to the staff team and agency staff have been used, particularly when waking night staff were required. This means that children have not received consistent and stable care. However, the core staff team is becoming more cohesive and committed to working consistently.

The staff have not received reflective supervision in line with the provider's policy. Minutes of team meetings have not been circulated to the staff to confirm discussions or decisions to improve or change practice. This fails to provide the team with leadership and direction. A workforce development plan is now being compiled to track and identify staff training and skills to promote their professional development.

Children's views are sought about the home. However, previously the response has been slow. For example, children did not like the paint colour used in the garden, but this was only changed recently.

Management oversight systems are not used effectively. This means that managers have not helped the staff to improve how they record the work they complete with children to clearly demonstrate progress made.

Independent external monitoring is poor. The reports provide limited analysis or evaluation to help managers understand the quality of care or to make improvements. Previous managers have failed to act on recommendations. There are times when recommendations are not made to ensure that managers submit notifications to Ofsted under regulation 40. The independent person has not escalated to the responsible individual when managers have not responded to improve the quality of care. The responsible individual failed to identify this repeated lack of response from reports. A new service has been commissioned but has not yet started.

Managers have not completed a review of the quality of care and the report has not be submitted in line with the regulation. Senior managers failed to identify this shortfall until the inspection. This means that there is poor understanding of the quality of care that children experience in the home and how it can be improved.

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— 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 work as a team where appropriate; 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)(b)(c)(f)(h)) In particular, the registered person should ensure that the staff team understands the model of care set out in the home's statement of purpose, and that staff have a clear understanding of processes and recording systems for how they support children's outcomes. Monitoring and review systems should be used to identify and improve practice to support children's progress.	23 July 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— 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; 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)(b)) Specifically, individual risk assessments should be bespoke to each child's needs and risks. Assessments for the home, including the fire risk assessment, and use of door alarms should clearly identify current concerns and outline how risks to children and staff will be reduced.	23 July 2021
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— the name of the child; details of the child's behaviour leading to the use of the measure; the date, time and location of 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; the name of the person who used the measure ("the user"), and of any other person present when the measure was used; the effectiveness and any consequences of the use of the measure;	23 July 2021

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)(iii)(iv)(v)(vi)(vii)(b)(i)(ii)(c)) This particularly refers to records containing accurate information about methods and duration of measures used. If the manager is involved in a physical intervention, discussion with the user of any measure and oversight of the record should be completed by someone independent of the incident. If a child does not wish to discuss the measure, records should show what other methods staff have used, such as observations, to monitor the child's welfare and understanding.	
The registered person must notify HMCI and each other relevant person without delay if— there is any other incident relating to a child which the registered person considers to be serious. (Regulation 40 (4)(e)) Specifically, all incidents that present a clear risk to children's safety should be notified.	23 July 2021
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; and to inspect the premises of the home and such of the home's records (except for a child's case records, unless the child and the child's placing authority consent) as the independent person requires. The independent person must produce a report about a visit ("the independent person's report") which sets out, in particular, the independent person's opinion as to whether—	23 July 2021

children are effectively safeguarded; and the conduct of the home promotes children's well-being. The independent person's report may recommend actions that the registered person may take in relation to the home and timescales within which the registered person must consider whether or not to take those actions. (Regulation 44 (2)(a)(b)(4)(a)(b)(5)) Specifically, the report should clearly analyse and evaluate the care provided so that the regulator has a clear overview of care provided in the home. Children's bedrooms should be seen as part of the visit. The independent person should recommend actions to improve the quality of care and escalate any concerns where the manager does not respond to recommended actions.	
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— 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	23 July 2021

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)) Specifically, the registered person must ensure that monitoring systems are in place and that the quality of care is reviewed and reported on within timescales.	
The registered person must ensure that all employees— receive practice-related supervision by a person with appropriate experience. (Regulation 33 (4)(b)) In particular, that staff receive reflective supervision in line with the provider's policy to support their practice.	23 July 2021

Recommendations

- The registered person should ensure that systems are in place so that pre-admission planning fully considers a child's assessed needs and the impact on children already living in the home, prior to offering a placement. ('Guide to the children's homes regulations including the quality standards', page 56, paragraph 11.4)
- The registered person should ensure that staff maintain clear, detailed records of work undertaken with children to support their progress. Records should be easily accessible so that children and other stakeholders understand their journey while living in the home. ('Guide to the children's homes regulations including the quality standards', page 62, paragraph 14.4)
- The registered person should ensure that children's views are listened to and acted on promptly. ('Guide to the children's homes regulations including the quality standards', page 22, paragraph 4.11)

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: 2567272

Provision sub-type: Children's home

Registered provider: Omega Care Group Limited

Registered provider address: Castle Chambers, 43 Castle Street, Liverpool L2 9TL

Responsible individual: Alekos Aresti

Registered manager: Post vacant

Inspector

Karen Willson, Social Care Inspector

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