

2591499

Registered provider: Vcare - 24 Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home is owned and managed by a private provider. It provides care for up to two children with learning disabilities. There was one child living in the home at the time of this inspection.

The home does not have a registered manager. A new manager has been appointed but they have not yet registered with Ofsted.

Inspection dates: 5 and 6 March 2024

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: 19 July 2022

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
19/07/2022	Full	Good
17/01/2022	Full	Good

Inspection judgements

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

The child living in the home has made progress in some areas of their life. However, inconsistent leadership and management and shortfalls in how the child is helped and protected are restricting the child's overall experiences in the home.

Some areas of the home are not homely or appropriately maintained. Internal and external repairs are needed to refurbish paintwork and damage to some doors, flooring and furniture. These repairs are needed to make this a homely and inviting environment for the child to live in.

The child is currently unable to leave the home on their own. These actions are seen to be appropriate to meet the child's needs and deemed by the provider as a necessity to safeguard the child. However, the restrictions have not been formally reviewed by leaders and managers and the child's placing authority. This arrangement is being reviewed by those concerned.

Since the last inspection, several medication errors have occurred. This has not had a significant impact on the child's well-being. However, there has been no mitigation to reduce the likelihood of reoccurrence, such as staff accessing additional training. This means that leaders and managers have not ensured that all staff have the appropriate skills and training to safely administer medication to the child.

The child has positive relationships with the staff and enjoys spending time with them. The child is encouraged to share their views and ask questions. This helps the child understand the world around them and have a healthy understanding of their body. The child is in good health. Staff support the child to have positive consistent care routines and enjoy activities in line with their interests and needs, such as going shopping and to activity centres.

The child currently enjoys attending education after leaders and managers worked hard to assist the child back into a suitable education provision. An education professional said that staff are very supportive of promoting the child's attendance and are always available to offer support. The staff and the child's family are proud of the positive progress the child has made with their education.

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

The child is comfortable around staff, and this view is shared by the child's family and involved professionals. The staff have a good understanding of the child's individual needs and any associated risks. However, there are gaps in the child's care plan regarding actions to monitor the child's individual health risks. On one occasion, staff failed to maintain sight of the child, resulting in the child causing an injury to

themselves. There are also gaps in records of significant incidents when the child has sustained an injury and gaps around any support that was offered. This means that leaders and managers do not always have the required information to support effective oversight of significant incidents.

Leaders and managers have allegation management systems in place and work with the designated officer for the local authority and the regulator. However, procedures are not consistently followed by staff. On one occasion, staff delayed informing leaders and managers that the child shared a concern about a staff member. Delays in sharing information could adversely affect appropriate action being taken to safeguard the child.

Staff only ever hold the child as a last resort to prevent them harming themselves and others. On one occasion, the manager was involved in a hold and provided oversight of the incident. No concerns were noted regarding actions taken, but the incident lacked independent oversight. Staff do not try and speak with the child after any holds to discuss how they feel or how further incidents could be avoided. This means there are missed opportunities that could assist the child to understand events and seek their views.

The staff provide the child with clear and consistent boundaries. This helps the child feel safe and develop an understanding regarding their emotions and behaviours. The child's social worker and family talked about how the support from staff has led to a reduction of significant incidents.

Staff have not been able to help the child to understand how to make a complaint, but assist the child to have advocacy support. Leaders and managers have effective safer recruitment checks in place, which prevents unsuitable people working in the home.

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

Leaders and managers have systems in place to review and monitor the child's progress and the development of the home. However, these systems require improvement. Leaders and managers have not followed up delays in the child accessing specialist support. They have failed to highlight shortfalls in some significant incidents and have not reviewed the child's care plan to ensure that suitable permission is in place to support limitations on the child's privacy and access.

The home has had several changes in management. Changes in the leadership and management of the home have affected the child's experiences and the quality of care they receive. The new manager has made some early positive changes, but is still developing management systems in the home.

Monthly visits take place, but the independent visitor does not gain the opinions of stakeholders about the effectiveness of the home. This limits leaders and managers making continuous improvements in the quality of care provided to the child.

There are gaps in some staff's supervision records. This means some staff miss opportunities to talk about their development and reflect on the care provided to the child. Some staff have not accessed required training to help develop their understanding of the child's individual needs. The manager ensures that new staff are matched with staff who have the required level of training. However, not all staff have the required skills to meet the child's needs.

Staff said they are well supported by the manager and have developed a strong bond as a team. Team meetings take place on a regular basis and offer staff an opportunity to learn from research. This allows staff to reflect and develop their practice as a team. This helps support the child to have more consistent care.

What does the children's home need to do to improve?

Statutory requirements

This section sets out the actions that the registered persons 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 persons must comply within the given timescales.

Requirement	Due date
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; 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; and are familiar with, and act in accordance with, the home's child protection policies; that the effectiveness of the home's child protection policies is monitored regularly. (Regulation 12 (1) (2)(a)(i)(ii)(v)(vi)(vii)(e)) In particular, the registered person should ensure that the child's assessments and plans include all the relevant information to support the child, and that there are clear recordings of incidents, any injuries to the child and any actions taken by staff.	14 April 2024
The registered person must ensure that— the privacy of children is appropriately protected;	14 April 2024

children can access all appropriate areas of the children's home's premises; and any limitation placed on a child's privacy or access to any area of the home's premises— is intended to safeguard each child accommodated in the home; is necessary and proportionate; is kept under review and, if necessary, revised; and allows children as much freedom as is possible when balanced against the need to protect them and keep them safe. (Regulation 21(a)(b)(c)(i)(ii)(iii)(iv))	
The registered person must keep the behaviour management policy under review and, where appropriate, revise it. 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— a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure; 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 (2) (3)(a)(viii)(c)) In particular, the registered person should also ensure that management oversight is undertaken by someone independent of the incident.	14 April 2024
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.	14 April 2024

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)) In particular, the registered person should work with professionals to assist the child accessing services in a timely manner, and ensure that staff have accesses to specialist training and consistent supervision to assist meeting the child’s needs. In addition, the registered person should ensure that robust safeguarding systems are in place to strengthen management oversight of significant incidents, and ensure that recordings evidence that all relevant parties are informed of incidents in a timely manner.	
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))	14 April 2024

In particular, the registered person must ensure that the home is clean and well maintained.

This requirement has been reinstated

Recommendation

- The registered person should ensure that they actively seek the independent views of significant others involved with the child and use internal and external monitoring to support the continuous improvement of care offered to the child. ('Guide to the Children's Homes Regulations, including the quality standards,' page 55, paragraph 10.12)

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: 2591499

Provision sub-type: Children's home

Registered provider: Vcare - 24 Limited

Registered provider address: Unit 10, Halifax Way, Pocklington Industrial Estate,
Pocklington, York YO42 1NP

Responsible individual: Victoria Simpson

Registered manager: Post vacant

Inspector

Gina Lightfoot, Social Care Inspector

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