2591888

Registered provider: New Horizons-(Stockport) Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is operated by a private company. The home is registered to provide care for up to four children. The home specialises in caring for children who may have needs that relate to their disabilities and/or a sensory impairment.

There is currently no registered manager for this home.

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 previously visited this setting on 3 March 2021 to carry out a monitoring visit and on 15 September 2020 to carry out a monitoring visit. The report is published on the Ofsted website.

Inspection dates: 24 to 25 August 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.

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
Not previously inspected for full inspection		

Inspection judgements

Overall experiences and progress of children and young people: inadequate

Children are not always receiving care that meets their needs. Children's plans do not include all current strategies to guide the adults caring for them about their daily care. Likewise, they are not always following children's plans and are not communicating with each other about children's progress and needs daily. Children are receiving inconsistent care from different adults throughout the day, which is not in line with their plans. This current practice impacts on children being able to thrive and reach their full potential.

Some adults who are caring for the children know their emotional triggers and respond to children when they are distressed. However, the children are currently receiving care from a significant number of agency workers who do not have a good understanding of the children's needs and are not always supported by permanent members of the team. Children therefore are not always having their emotional needs met.

The children's home is not designed to meet their diagnosed communication and sensory needs. The children's bedrooms do not have any furnishings to meet their sensory needs or equipment to stimulate them. This results in children's development potentially being negatively affected due to the lack of personalised stimulation.

Children who have communication needs, including those who are nonspeaking, do not have communication aids to express their wishes, feelings and views to others. Not all staff are trained in different communication methods. Children are not offered independent advocates to ensure that their views are advocated. This results in children being unheard and their voices are not informing their care.

Adults directly caring for the children put in place strategies that have not been discussed with other professionals who can provide specialist input. Children do not receive psychological input to inform their plans when a complex issue arises. Children's care therefore is not always informed by strategies that are specialist to their needs.

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

Current risks for the children are not always recorded within their plans. Risks that are identified do not include specific strategies to guide the adults caring for children about how they reduce the risk. Safety plans are not always followed and, on occasions, the interim manager has not put safety plans in place to safeguard children. As a result, children have been put in unsafe situations.

Children are restrained without a detailed record about what the person completing the restraint has done to try and prevent a physical intervention before it is required. Mechanical restraint is used without the necessary agreements and there is no record of when this happens. Adults and children are not debriefed with a manager or someone independent after a restraint takes place, and the incidents are not evaluated by a manager. Poor practice is therefore not identified and there is not a procedure in place to ensure that children are restrained appropriately.

Hazardous items in the home are not risk assessed. Children who are not aware of physical hazards are not appropriately guided to ensure that they do not get hurt. This has the potential for children to be physically hurt in their own home.

Children are not administered medication safely. Medication procedures are not robust or in line with the organisation's policy. Children have missed medication; medication stock is not always accounted for and children are at risk of being left with no medication because it has not been ordered. The interim manager and independent person have not identified these errors. This practice could lead to children's health being compromised and medication errors continuing to take place due to poor oversight.

The effectiveness of leaders and managers: inadequate

The children do not yet have a permanent manager and they have not had a permanent manager since January 2021. There has been a lack of management presence and lack of oversight of the children's care, which has resulted in significant short falls in practice.

The adults caring for the children are not receiving good support from the interim manager. Team meetings and supervision are not happening on a regular basis for all team members. There has also been a lack of reflection and learning from a recent complaint. This results in the interim manager being unable to identify development, reflect on learning and lead an aspirational culture for children.

The interim manager does not have monitoring systems in place to ensure that practice is evaluated and children are receiving the best possible care. The interim manager has not evaluated significant events in the children's lives and has not identified training needs for the team. A child has moved into the home without the interim manager evaluating if the team can meet the child's needs. This poor assessment and decision have resulted in the child experiencing further disruption because the team cannot meet his needs. The children are currently receiving care from adults who do not have all the appropriate skills and knowledge to meet all their needs.

The independent person visiting the home has not consistently requested feedback from children, family, professionals and the team. The lack of feedback from these important people reduces the opportunity for improving the care provided. A review of the quality of care has not taken place, which means that the interim manager is unable to identify areas of development and growth for the team.

Compliance notices have been served because of this inspection. Steps were taken by the provider to ensure that the children were immediately safe. Ofsted will continue to monitor to ensure that the necessary steps are taken to meet the compliance notices and requirements.

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 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; have the skills to identify and act upon signs that a child is at risk of harm; 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)(ii)(iii)(v)(vi))	03 October 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— 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;	03 October 2021

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; and 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))	
*The care planning standard is that children receive effectively planned care in or through the children's home. The registered person must ensure that children receive effectively planned care in or through the children's home. In particular, the standard in paragraph (1) requires the registered person to ensure— that children are admitted to the home only if their needs are within the range of needs of children for whom it is intended that the home is to provide care and accommodation, as set out in the home's statement of purpose. (Regulation 14 (1)(a) (2)(a))	03 October 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— a record is kept of the administration of medicine to each child. (Regulation 23 (1) (2)(c))	03 October 2021
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 and 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—	31 October 2021

understand and apply the home's statement of purpose; ensure that staff— understand and apply the home's statement of purpose, protect and promote each child's welfare, treat each child with dignity and respect, personalised care that meets each child's needs, as recorded in the child's relevant plans, taking account of the child's background, provide to children living in the home the physical necessities they need in order to live there comfortably, provide to children personal items that are appropriate for their age and understanding and make decisions about the day-to-day arrangements for each child, in accordance with the child's relevant plans, which give the child an appropriate degree of freedom and choice; ensure that the premises used for the purposes of the home are designed and furnished so as to— meet the needs of each child and enable each child to participate in the daily life of the home; ensure that any care that is arranged or provided for a child that— relates to the child's development (within the meaning of section 17(11) of the Children Act 1989) or health; and is not arranged or provided as part of the health service continued under section 1(1) of the National Health Service Act 2006(a), satisfies the conditions in paragraph (3). The conditions are— that the care is approved, and kept under review throughout its duration, by the placing authority, that the care meets the child's needs, that the care is delivered by a person who has the experience, knowledge and skills to deliver that care. (Regulation 6 (1)(a)(b) (2)(a)(b)(i)(ii)(iii)(iv)(vii)(ix)(c)(i)(ii)(d)(i)(ii) (3)(a)(b)(c)(i)) In particular, the children's environment to meet their emotional and health needs. Communication aids being present in the home. Furnishing and decoration in the home being in line with the children's needs.	
The children's views, wishes and feelings standard is that children receive care from staff who—	31 October 2021

take their views, wishes and feelings into account in relation to matters affecting the children's care and welfare and their lives. In particular, the standard in paragraph (1) requires the registered person to— ensure that each child— is given appropriate advocacy support; ensure that the views of each relevant person are taken into account, so far as reasonably practicable, before making a decision about the care or welfare of a child. (Regulation 7 (1)(c) (2)(b)(iii)(e)) This relates specifically to manager's ensuring that children have access to advocacy. This also relates to staff consistently using methods advised to encourage children to express their views using alternative communication methods. These views are then to be used to inform the care provided.	
The registered person must ensure that 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 (b)(c)(i)(ii)(iii)(iv)) This specifically relates to children being able to access rooms in their home that are not deemed as a risk. Any rooms that children cannot access must be risk assessed and reviewed regularly.	31 October 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—	31 October 2021

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; and a description of any injury to the child or any other person, and any medical treatment administered, as a result of 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)(iii)(iv)(v)(vi)(vii)(viii)(b)(i)(ii)(c)) This specifically relates to recording of physical and mechanical restraints. De-escalation strategies to be implemented and recorded. Debriefs to take place with staff and children who are involved in physical interventions.	
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.	31 October 2021

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 children are effectively safeguarded; and the conduct of the home promotes children's well-being. (Regulation 44 (2)(a) (4)(a)(b)) This relates specifically to providing an evaluative report that can be used to improve the home with a clear statement as described in the regulation. This also relates to the independent seeking a holistic view by speaking to children, parents and external professionals.	
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. 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. (Regulation 45 (1) (3) (4)(a)) This relates specifically to completing the review of the quality of care in a timely manner.	31 October 2021

* 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: 2591888

Provision sub-type: Children's home

Registered provider: New Horizons-(Stockport) Limited

Registered provider address: 154 Buxton Road, High Lane, Stockport, Cheshire SK6 8EA

Responsible individual: Bharati Parikh

Registered manager: Post vacant

Inspectors

Carly Quinn, Social Care Inspector
Sylvia Eboigbe, Social Care Inspector

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