

2592713

Registered provider: Homes for Support Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is registered to provide care for up to five children. The provider states in its statement of purpose that care is provided for children with emotional and behavioural difficulties (social and emotional difficulties). The site consists of a main house and an annex.

The registered manager has decided not to return after maternity leave. Therefore, the registered manager position is currently vacant. An interim manager is in post covering maternity leave.

Inspection dates: 10 and 11 May 2022

Overall experiences and progress of children and young people, taking into account	inadequate
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How well children and young people are helped and protected	inadequate
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The effectiveness of leaders and managers	inadequate
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There are serious and/or widespread failures that mean children are not protected or their welfare is not promoted or safeguarded, and the care and experiences of children and young people are poor, and they are not making progress.

Date of last inspection: 1 February 2022

Overall judgement at last inspection: requires improvement to be good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
01/02/2022	Full	Requires improvement to be good

Inspection judgements

Overall experiences and progress of children and young people: inadequate

The inspectors carried out this full inspection due to concerns from neighbours regarding antisocial behaviours displayed by children living in the home. The inspectors identified significant shortfalls in the home, which has resulted in the overall experiences and outcomes for children to be judged as inadequate.

At the time of the inspection, three children were living at the home. Two children had lived at the home for several months and a new child had recently arrived. Prior to his arrival, a previous placement had ended for another child due to serious concerns linked to criminal exploitation and staff being unable to manage his risks.

Overall, the lack of management and supervision of children has led to several incidents when children have had a significant negative influence on each other. Incidents have increased their risk of harm and have been antisocial in nature. For example, children have climbed on the shed roof, which has caused concern for neighbours, and another child has been taken into police custody.

The inspectors spoke to children about their daily lived experiences. One child spoke candidly about his recent experience. Although he said that staff and the home are 'Ok', he described his unhappiness about a child who was new to the home. He reported frequent disturbances at night and said that his room has been 'trashed' by other children. This child is currently studying for his GCSEs. These disturbances are impacting on his ability to concentrate and he is worried about his exam results.

The disjointed living space does not lend itself to communal living. The environment does not allow for positive and meaningful interactions between children and the staff team. This prevents staff and children from living together in shared spaces. One child has been living in the annex. Due to the lack of consistent routines and structure in the home, children eat food in their bedrooms instead of sitting and engaging with staff around the dining table.

Education attendance has declined for children. No child was attending full-time education at the time of the inspection. Two children, who were previously attending full-time education, are now either educated at the home by a tutor or on a phased programme to return to school following a previous incident in school. Another child is refusing to engage in any home tutoring provided by the home.

Children's health needs have not been met. Medication records are unclear for one child, who has a history of asthma and had an inhaler when he arrived at the home. A staff member told the inspector that an inhaler is not required; however, this has not been confirmed by a medical practitioner. Staff have failed to ensure that a child completed his statutory health assessment. Management oversight of medical records is unclear.

Children do not have advice and guidance on smoking cessation. There is no evidence that constructive conversations through key-work sessions have occurred to explore concerns with smoking, including cannabis.

A child who is due to move back to his placing authority does not have a clear pathway plan. Decisions recorded do not consider the views of the placing authority or include consultation with the child's social worker. This demonstrates ineffective planning for a positive transition for the child.

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

Risk management plans are detailed; however, they are not being used by staff to support children and manage their risks. The behaviour management strategies to manage risks are not effective in bringing about a reduction in significant incidents. During the inspection, the inspectors witnessed that staff are unable to utilise their own strategies effectively to manage behaviours. Strategies are not regularly reviewed to evaluate their effectiveness. Children live in a home where there is a lack of structure and boundaries to manage their behaviours and keep them safe.

Several shortfalls were identified in respect of the care plans for children, transition arrangements for children into the home, the impact risk assessment, and decision-making for matching children. Managers do not evaluate referral information effectively. For example, managers have not fully evaluated and/or detected potential risks between children. This has resulted in an escalation of behaviours and incidents in the home. One incident led to children and staff sustaining accidental injuries.

Managers have failed to ensure that children who voice suicidal ideation are supported to have their emerging needs assessed by relevant mental health professionals. Monitoring or tracking systems are not in place to ensure that staff are managing the risks associated with children who are at risk of self-harm or suicidal ideation. Managers cannot demonstrate that staff carry out daily safety tasks, such as room checks for children who self-harm. Children do not receive any additional specialist support for their emotional needs. As a result, they are at risk of harm.

Leaders and managers have failed to instigate appropriate measures when a child made an allegation towards a staff member. A referral was made to the local authority designated officer; however, managers allowed the staff member to have unsupervised time with the child during the investigation. Therefore, the home's safeguarding policies and procedures were not followed to ensure that the child was safe from harm.

Staff arrange children's meetings to ensure that the views of children are listened to and acted on. However, there are no planned key-work sessions, and any individual work with children usually only occurs after an incident. This does not support

children to build relationships with staff that help them to develop emotional resilience or to consider the likely impact of their actions before they act.

The effectiveness of leaders and managers: inadequate

The manager has worked in the home since it first opened. The manager and her deputy are committed to the children in the home. However, leaders, managers and staff fail to demonstrate that they inspire staff and lead a culture that helps children to aspire to their full potential.

The managers' office is in the annex building. Therefore, they do not have day-to-day oversight of the quality of care provided to children. The use of the annex is not reflected or referred to in the home's statement of purpose. The inspectors found that the annex is being used by a child as their living accommodation away from the main house. However, the condition of the annex is not fit for purpose. The bedroom has no windows, and the kitchen area has a broken cooker.

Due to staff changes and the use of agency staff, the quality of care provided to children is not consistent. A child expressed to the inspectors that he is upset about the homes' use of agency staff to provide care at night as he is unfamiliar with them. Due to high staff turnover, children are unable to establish positive relationships with the adults caring for them. Staffing arrangements are not sufficient, which does not support continuity of care for children. This impacts on the overall stability of the home and compromises children's welfare. Changes in staff have resulted in staff not following the risk management plans.

Staff training is not fully understood or utilised to help manage children's behaviour. Children are cared for by managers and staff who do not demonstrate that they have the skills and experience to meet their needs.

The independent person does not routinely gather feedback from children, family members and/or professionals. Therefore, the overall lack of scrutiny does not truly evaluate the progress of the home.

Internal monitoring is not used as an effective tool to evaluate and reflect on the quality of care provided to children. The quality of care report for the home does not reflect on the previous inspection or the previous placement of a child who presented with high-risk behaviours and challenges. Leaders and managers do not use monitoring effectively to consider the changes required to improve future practice. They do not fully consider the needs of the children, the skill set of the staff team and a compatibility assessment with other children already living in the home. Consequently, placements have ended prematurely for children, and risks have escalated for some children.

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 care planning standard is that children— receive effectively planned care in or through the children's home; and have a positive experience of arriving at or moving on from the 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; that arrangements are in place to— ensure the effective induction of each child into the home; manage and review the placement of each child in the home; and that each child's relevant plans are followed. (Regulation 14 (1)(a)(b) (2)(a)(b)(i)(ii)(c))	30 June 2022
*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—	30 June 2022

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; ensure that the home has sufficient staff to provide care for each child; ensure that the home's workforce provides continuity of care to 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; demonstrate that practice in the home is informed and improved by taking into account and acting on— research and developments in relation to the ways in which the needs of children are best met; and feedback on the experiences of children, including complaints received; 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)(d)(e)(f)(g)(i)(ii)(h))	
*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;	30 June 2022

have the skills to identify and act upon signs that a child is at risk of harm; manage relationships between children to prevent them from harming each other; 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 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; that the effectiveness of the home's child protection policies is monitored regularly. (Regulation 12 (1) (2)(a)(i)(ii)(iii)(iv)(v)(vi)(vii)(b)(e))	
The positive relationships standard is that children are helped to develop, and to benefit from, relationships based on— mutual respect and trust; an understanding about acceptable behaviour; and positive responses to other children and adults. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff— encourage each child to take responsibility for the child's behaviour, in accordance with the child's age and understanding; help each child to develop the understanding and skills to recognise or withdraw from a damaging, exploitative or harmful relationship; and that each child is encouraged to build and maintain positive relationships with others.	30 June 2022

(Regulation 11 (1)(a)(b)(c) (2)(a)(iii)(vii)(b))	
The registered person must ensure that an independent person visits the children's home at least once each month. 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. A visit by the independent person to the home may be unannounced. 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. 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 (1) (2)(a)(b) (3) (4)(a)(b) (5))	5 August 2022
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	5 August 2022

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

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))

* These requirements are subject to a compliance notice.

Recommendations

- The registered person should ensure that the environment meets the needs of the children and that staff make effective use of the communal spaces to help build positive relationships with children. ('Guide to the Children's Homes Regulations, including the standards,' page 15, paragraph 3.9)
- The registered person should actively seek independent scrutiny of the home and make best use of information from independent and internal monitoring (including under regulations 44 and 45) to ensure continuous improvement. The registered person should be skilled in anticipating difficulties and reviewing incidents, such as learning from disruptions and placement breakdowns. The registered person is responsible for proactively implementing lessons learned and sustaining good practice. ('Guide to the Children's Homes Regulations, including the standards,' page 55, paragraph 10.24)
- The registered person should ensure that placements for children are only accepted if they are satisfied that the staff can respond effectively to the child's assessed needs as recorded in the child's relevant plans and where they have fully considered the impact that the placement will have on the existing group of children. ('Guide to the Children's Homes Regulations, including the quality standards,' page 56, paragraph 11.4)

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: 2592713

Provision sub-type: Children's home

Registered provider: Homes for Support Limited

Registered provider address: 1st Floor, Cloister House, Riverside, New Bailey Street, Manchester M3 5FS

Responsible individual: Peter Rowlinson

Registered manager: post vacant

Inspectors

Kamal Bhamra, Social Care Inspector
Sarah Urding, Senior Her Majesty's Inspector

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