

2592943

Registered provider: Halliwell Homes

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This is a private children's home registered to provide care and accommodation for up to eight children who have emotional and behavioural difficulties. The home has an attached registered school.

There is a new manager in post in the home, who took up position in April 2022. Ofsted is currently processing her application to be the registered manager.

Inspection dates: 26 and 27 July 2022

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, and the care and experiences of children and young people are poor.

Date of last inspection: 13 July 2021

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
13/07/2021	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: inadequate

There are significant shortfalls in the leadership and management of the home and in the safety and protection of children. Consequently, despite some measurable progress for some children, their overall experiences are inadequate. As a result of this inspection, two compliance notices, under regulation 12 (the protection of children standard) and regulation 13 (the leadership and management standard) have been served.

There are currently eight children living in the home. Relationships between the children are of variable quality and benefit. It is not clear how staff help children to develop positive relationships with each other. Incidents of bullying between the children have not been appropriately responded to. Although staff intervene, there is a lack of follow-up work being undertaken to address such behaviours.

Some areas of the home are dirty, hazardous and poorly maintained. The home does not provide children with a safe or welcoming place to live. While some parts of the home are homely and personalised, this standard is not consistent throughout. There are some areas of damage, which require repair work and cleaning. For example, some children's bedrooms are dirty. Clothes are piled in cupboards and on the floor, and mouldy food items have been left in bedrooms. Some children have no window coverings, meaning that their privacy and dignity are not protected. The manager took immediate action to address some urgent repair work to reduce some of these concerns.

There have been a number of staffing changes in the home, and this is detrimental to children's progress and stability. Staff lack understanding and practice experience of children's residential care and child exploitation. The manager does not ensure that the model of therapeutic care used in the home is embedded in staff practice. This means that staff are unable to effectively support children, or to minimise the impact that their previous experiences and trauma has had on their progress.

All children living in the home regularly attend education and are making progress. Some children aspire for their futures and are excited by their potential career options. One child has transitioned into mainstream school.

Some of the children have developed positive relationships with staff and some peers. They enjoy some positive experiences. For example, they undertake individual and group activities in the home and the community. One child was looking forward to celebrating their birthday and going to a bouncy castle park with some peers.

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

Although some children have made progress, not all children receive a good quality of care that is supporting them to reach their potential and keep them safe.

Risk management practice is inadequate. Managers and staff do not understand and manage risk consistently well. This has left the children vulnerable to harm. Staff do not always follow guidance set out in risk assessments and risk management plans. For example, inspectors found one child had been accessing sexually inappropriate content online, while another child was accessing online gaming and chat. As a result, children's safety is not promoted effectively and the care they receive is not consistent.

Staff retention and recruitment are ongoing areas for development and, as a result, there has been a number of new permanent and agency staff in the home. Although the manager has recruitment profiles for staff, they lack the required detail, such as proof of qualifications, references and a full employment history. This means that managers do not know if the staff are appropriate adults to work with children.

The day-to-day care provided by staff does not ensure that children are protected from harm. For example, there are occasions when some children's interactions with other children are inappropriate. Staff do not help children to respect other people's personal space, or to recognise what appropriate touch is, or to understand the possible consequences of inappropriate touch. In a further example, one child had been subjected to racial abuse from a peer and had approached staff for support. The response from staff was dismissive and did not offer the child the appropriate support and guidance required.

The manager does not have oversight of potential hazards in the home. For example, some children had TVs in their bedrooms; the TVs had no stands and were not fixed to walls, and instead rested on cushions. In another example, the front fencing to the home has anti-climb spikes along it. Despite a number of children being known to climb fences, this has not been considered a risk. In addition, some children have unsafe furniture in their bedrooms. This does not provide children with a safe, well-maintained home.

The use of physical intervention in the home is high. Records are of varying quality. On occasion, staff who have been involved in a physical restraint are debriefed by staff members who were also involved in the incident, which means that there is no independent oversight. Lack of oversight and evaluation of restraint means that it is not clear if restraint practice is proportionate, safe or effective.

Staff do not undertake good-quality one-to-one work with children to support them with current and past behaviours. Staff do not support children to recognise the consequences of their behaviour. These are missed opportunities to help children understand how they can keep themselves safe.

Some children require medication for health and behaviour issues. Staff are trained in the safe administration of medicines. However, there are no protocols in place for this medication or over-the-counter pain relief. There is no clear guidance for staff on any side effects, conflicting medication or dosage relating to children's ages. Additionally, there were missing witness signatures in the controlled medication register.

The home relies on a bedroom door alarm system to alert sleep-in staff should children leave their bedrooms during the night. This is in place for all children and appropriate permissions have been sought. Managers have not reviewed the necessity of this for each child and have not considered if all children still require this level of monitoring.

The effectiveness of leaders and managers: inadequate

The manager's monitoring and review systems are ineffective. They have failed to identify significant shortfalls in the quality of care and protection provided to the children. For example, risk assessments do not include children's use of the internet. The manager is therefore unable to demonstrate that the strategies in place are effective at keeping children safe.

Leaders and managers do not ensure that the induction process for new staff sufficiently equips these staff to deliver care and support to children that reflect the therapeutic parenting approach outlined in the home's statement of purpose. This means that the home does not meet the objectives as set out in the statement of purpose.

The day-to-day operation of the home is dependent on the use of agency staff. This does not provide children with continuity of care. Furthermore, leaders and managers do not ensure that the agency staff used to cover these shifts have the necessary skills and training to care for the children, or to meet their specific and complex needs. This means that children are not provided with consistent care.

An independent visitor has carried out external monitoring of the home every month. While these are completed within timeframes, they have failed to identify the significant shortfalls in the environment and children's safety. As a result, the external monitoring systems do not accurately reflect the home or help improve the quality of care for children.

Managers have not reviewed the location assessment and, as such, there is a lack of information about known risks within the local area. Out-of-date information and lack of awareness of risk factors in the community mean that staff do not always understand potential risks to children in the area and how to respond should the need arise.

The home provides company email addresses to staff. Staff have access to these on their personal mobile phones, including outside working hours. The manager has not considered the potential data protection and safeguarding risks this could pose with staff accessing children's information.

Some professionals the inspectors spoke to talked positively about children's progress. However, the home's documentation and record-keeping of children's day-to-day experiences do not reflect this. Managers were unable to demonstrate progress children have made. It is, therefore, unclear how much progress children make in this home.

The home has a new management team that has started some work to improve the home. The team is enthusiastic and is working hard to bring about change. During the inspection, the new management team took immediate action to safeguard children. For

example, unsafe bedroom furniture was fixed, TVs were mounted to brackets and bedroom windows had blinds fitted. Furthermore, immediate safety plans were put in place to promote the safety of children using the internet.

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 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— 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; help each child to understand and manage the impact of any experience of abuse or neglect. (Regulation 6 (1)(a)(b) (2)(a)(b)(i)(ii)(v)) Specifically, that children are supported when they are subject to racist abuse from peers.	25 September 2022
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—	25 September 2022

that staff— meet each child’s behavioural and emotional needs, as set out in the child’s relevant plans; help each child to develop socially aware behaviour; 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 and practise skills to resolve conflicts positively and without harm to anyone; communicate to each child expectations about the child’s behaviour and ensure that the child understands those expectations in accordance with the child’s age and understanding; help each child to understand, in a way that is appropriate according to the child’s age and understanding, personal, sexual and social relationships, and how those relationships can be supportive or harmful; help each child to develop the understanding and skills to recognise or withdraw from a damaging, exploitative or harmful relationship; are provided with supervision and support to enable them to understand and manage their own feelings and responses to the behaviour and emotions of children, and to help children to do the same. (Regulation 11 (1)(a)(b)(c) (2)(a)(i)(ii)(iii)(iv)(v)(vi)(vii)(x)) This relates to ensuring that children are supported when making disclosures against peers and that all children involved are supported to be aware of their behaviours.	
*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—	21 August 2022

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; 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 premises used for the purposes of the home are designed, furnished and maintained so as to protect each child from avoidable hazards to the child's health. (Regulation 12 (1) (2)(a)(i)(ii)(iii)(v)(vii)(b)(d))* In particular, that the environment is safe for children, and that risk management plans reflect all known identified risks for children and actions that staff should follow to keep children safe.	
*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 have the experience, qualifications and skills to meet the needs of each child;	21 August 2022

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; 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)(d)(e)(f)(h))* In particular, that the manager's oversight is developed to ensure the quality of care delivered to children is improved.	
The registered person must recruit staff using recruitment procedures that are designed to ensure children's safety. The registered person may only— employ an individual to work at the children's home; or if an individual is employed by a person other than the registered person to work at the home in a position in which the individual may have regular contact with children, allow that individual to work at the home, if the individual satisfies the requirements in paragraph (3). The requirements are that— full and satisfactory information is available in relation to the individual in respect of each of the matters in Schedule 2. (Regulation 32 (1) (2)(a)(b) (3)(d)) This specifically relates to ensuring that all staff working in the home have full references, employment history and identification checks.	21 August 2022
The registered person must prepare and implement a policy ("the behaviour management policy") which sets out— how appropriate behaviour is to be promoted in the children's home; and	21 August 2022

the measures of control, discipline and restraint which may be used in relation to children in the home. The registered person must keep the behaviour management policy under review and, where appropriate, revise it. The registered person must ensure that— The registered person must prepare and implement a policy ("the behaviour management policy") which sets out— how appropriate behaviour is to be promoted in the children's home; and the measures of control, discipline and restraint which may be used in relation to children in the home. The registered person must ensure that— 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. (Regulation 35 (1)(a)(b) (2) (3)(b)(i)(ii)) This relates to ensuring that staff involved in physical interventions are not completing the management oversight. Additionally, where measures have been ineffective, behaviour plans are reviewed to avoid the continual use of these measures.	
The registered person must maintain records ("case records") for each child which— include the information and documents listed in Schedule 3 in relation to each child; are kept up to date; are signed and dated by the author of each entry. (Regulation 36 (1)(a)(b)(c)) This specifically relates to children's daily records being kept up to date to accurately record their journey and progress.	25 September 2022

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— 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— children are effectively safeguarded; and the conduct of the home promotes children's well-being. (Regulation 44 (1) (2)(b) (4)(a)(b)) In particular, that the independent visitor highlights safeguarding concerns about care and the environment to Ofsted.	25 September 2022
The registered person must review the appropriateness and suitability of the location of the premises used for the purposes of the children's home at least once in each calendar year taking into account the requirement in regulation 12(2)(c) (the protection of children standard). When conducting the review, the registered person must consult, and take into account the views of, each relevant person. (Regulation 46 (1)(2))	21 August 2022

* These requirements are subject to a compliance notice.

Recommendations

- The registered person should ensure that prescribed medicines are only administered to the individual for whom they are prescribed. Medicines must be administered in line with a medically approved protocol. Records must be kept of the administration of all medication. Regulation 23 requires the registered person to ensure that they make suitable arrangements to manage, administer and dispose of any medication. These are fundamentally the same sorts of arrangements as a good parent would make but are subject to additional safeguards. This relates to ensuring clear protocols are in place for any medication administered in the home. Also, that controlled medication is

witnessed and signed at the time of dispensing. ('Guide to the Children's Homes Regulations, including the quality standards', page 35, paragraph 7.15)

- The registered person should ensure that electronic records should be held at the individual home in accordance with data protection principles. IT systems should ensure the safe storage of these records. This relates to staff accessing electronic information about children on personal mobile phones when not at work. ('Guide to the Children's Homes Regulations, including the quality standards', page 61, paragraph 14.2)
- The registered person should ensure that any home using other monitoring equipment should have a written policy describing how this will support the safeguarding and well-being of those living and working in the home in accordance with regulation 24. This relates to assessing if door alarms are required for each child. ('Guide to the Children's Homes Regulations, including the quality standards', page 16, paragraph 3.16)

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: 2592943

Provision sub-type: Children's home

Registered provider: Halliwell Homes

Registered provider address: Pearce House, 80 Cawdor Street, Eccles M30 0QF

Responsible individual: Paul Bliss

Registered manager: Post Vacant

Inspectors

James Tallis, Social Care Inspector

Patrick McIntosh, Social Care Inspector

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