

2599994

Registered provider: Kingston upon Hull City Council

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is owned and run by a local authority. It provides care for one child who may experience social and emotional difficulties.

There has been no registered manager since July 2023. Between July 2023 and February 2024, a manager was in post, but they did not register with Ofsted, and they left in February 2024. An acting manager has been in post since then, who has not yet registered with Ofsted.

Inspection dates: 29 and 30 April 2024

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 widespread failures that mean children are not protected and their welfare is not safeguarded, and the care and experiences of children are poor. Ofsted considered suspending this service however, this was not in the best interest of the child and senior managers have offered assurances about the steps they will take.

Date of last inspection: 8 August 2023

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
08/08/2023	Full	Good
31/10/2022	Full	Requires improvement to be good
11/07/2022	Full	Inadequate
01/02/2022	Interim	Declined in effectiveness

Inspection judgements

Overall experiences and progress of children and young people: inadequate

Staff work hard to meet the complex needs of the child, who has lived in the home for several years. However, there are serious shortfalls in the leadership and management of the home and in the way that the child is helped and protected. This has negatively affected the overall outcomes, experiences, and progress for the child living in the home.

The quality of care that the child receives is inconsistent and not always in line with the model of care that the home advocates. The child has an irregular sleep pattern, which affects their engagement with education or activities during the day. Staff are inconsistent in their approaches to manage this, which means that some staff have more success in supporting the child than others.

Staff do not always respond appropriately when the child requires physical support or support with their mental well-being. When upset, the child has not always received consistent care, and often, after an incident, there has been no meaningful follow up with the child. This does not present the child with opportunities to speak with staff about their feelings and how incidents could be managed differently in future.

The education package provided to the child does not meet their needs, and the child remains socially isolated from their peer group. The efforts that staff have made to support the child with education have been far reaching but ineffective. The child states that they want to be in mainstream school. However, this is deemed not possible due to the assessed associated risks. The child rarely engages with their personal tutor. Therefore, they are not receiving any meaningful education and do not access the curriculum. The child is vocal that they are being failed in their education and that their life chances are being harmed because of this.

Most of the home environment requires redecoration or repair. The child's bedroom is in a state of disrepair and requires immediate attention to ensure that they have a safe, comfortable space. This is especially important as it is where the child spends a considerable amount of their time.

Despite the shortfalls, the child has positive relationships with some staff. Staff care a lot about the child and encourage them to be open about their wishes and feelings. The child has had consistent carers, who they have slowly built trusting relationships with.

The staff team has regular case reflections with a clinician to help to support their practice. These are well attended, and the staff find them valuable. Risk management meetings are held weekly so that any identified risks can be discussed and addressed in a timely way.

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

The child's risk assessments are inconsistent, contain outdated and irrelevant information, are confusing, and some are not fit for purpose. Staff are not clear about what is contained in them or how this should affect their practice. These plans do not include all known risks that affect the child's safety and well-being. This prevents staff from responding to the presenting risks efficiently, effectively, and consistently. Inconsistent approaches by staff are confusing for the child and do not give them confidence that staff know how to keep them safe.

Staff do not all know or understand the missing-from-home plan for the child. Staff's knowledge of how missing-from-home incidents should be managed is inconsistent. Guidance to support staff in what to do when the child goes missing is out of date and unclear. Staff follow the child when they leave the home without permission, but the child is adept at losing staff, who then do not know where the child goes. It is not clear if any meaningful follow-up work is carried out with the child when they return home from being missing, to ascertain if the child was exposed to any harm.

There is a restrictive court order in place for the staff to use to keep the child safe. One member of staff said that they had not seen the court order and did not understand how it might affect their practice. This lack of awareness from staff of what measures they can and cannot use does not safeguard the child effectively.

The restrictive court order permits staff to use physical intervention to safeguard the child when required. However, staff are reluctant to do this. Staff said that they feel unsafe and scared at the thought of physically intervening. Due to the high staff ratio needed for the child, agency staff are regularly used. Agency staff do not have the same physical intervention training as permanent staff. One member of staff was unclear whether they could be involved in a hold as they had not yet received the relevant training. A staff team that is not equipped to physically intervene to keep the child safe, leaves both the child and staff at risk of harm.

The child's behaviour is not managed effectively. The child is known to regularly self-harm and will use different methods to do so. There have been two incidents when the same self-injurious behaviour has been used by the child. The second incident was preventable if staff had taken the appropriate steps to remove the hazard. This did not happen, despite reassurances that it had. This meant that the child came to further harm due to the ineffective safeguarding practice of staff.

Behaviour management methods, such as room searches and consequences, are not being used effectively or proportionately. There are no written records of the rationale for why either measure is used, and both measures happen with no consultation with the child. The lack of a restorative approach means that the child has no understanding of why these measures happen, or for what purpose. There is also no management mechanism for reviewing them, which means that the measures could remain in place longer than required.

Staff have not conformed with the fire risk assessment for the home and have propped open fire doors. This means that if there was a fire, the doors would not close and prevent the fire from spreading.

The effectiveness of leaders and managers: inadequate

A lack of effective monitoring means that leaders and managers do not have sufficient oversight of the quality and consistency of care provided to the child. This means that most records and documents are not up to date and do not provide accurate information. There is also little management oversight of significant incidents, which prevents learning from incidents. Staff are working with out-of-date and inaccurate information, which hinders their ability to provide consistent, high-quality care to the child.

There has been no consistent registered manager of this home since July 2023. The home is currently run by an inexperienced acting manager. Staff are positive about the acting manager; they feel that he is supportive and driven to make changes in the home.

The acting manager and his predecessor have not received an appropriate level of support from senior managers. There is no evidence of an agreed action plan or support package to address known shortfalls in practice. Senior managers have accepted that tasks have been completed by the home's previous manager, when they had not. This has not been underpinned by additional scrutiny or written records to that effect. Some of the incomplete tasks have contributed to later incidents that have caused harm to the child.

Leaders and managers have failed to follow the safeguarding policy of the home when dealing with allegations against staff. Written records that detail how allegations had been dealt with and what action had been taken were not available. This is not ineffective management of safeguarding practice.

The use of blaming and stigmatising language towards the child is evident throughout records in the home. This does not demonstrate that staff understand the underlying reasons for behaviours or that they are trauma informed in their practice. This language has not been identified by leaders and managers and, therefore, has gone unchallenged.

Leaders and managers have not supported the acting manager to submit appropriate safeguarding notifications to Ofsted. This hinders the ability of the regulator to have sufficient oversight of how leaders and managers respond to safeguarding incidents.

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

Statutory requirements

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

Requirements	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; ensure that the home has sufficient staff to provide care for each child; ensure that the home's workforce provides continuity of care for 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 children's needs are best met; and	19 May 2024

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)(h)) In particular, the registered person must ensure that management arrangements at the home are effective; that staff are consistently well supported to meet the child's needs; and that systems are in place so that staff clearly understand and adhere to the content of the child's risk assessments, behaviour management plans, and the restrictive court order. This applies to any records or guidance relating to the safe care of the child. Effective monitoring and reviewing systems should be in place to ensure that any shortfalls in the home can be identified and responded to appropriately. In addition, staff should receive the correct training and support to help them to understand the needs and behaviours of the child. This includes the use of inappropriate, blaming, or stigmatising language, both spoken and written, in relation to behaviours that the child might display.	
The registered provider must appoint a person to manage the children's home if— there is no registered manager in respect of the home; and the registered provider— is an organisation or a partnership; does not satisfy regulation 28; or is not, or does not intend to be, in day-to-day charge of the home. (Regulation 27 (1)(a)(b)(i)(ii)(iii)) This requirement has been restated.	1 June 2024
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—	1 June 2024

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; 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; and 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; and 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)(iv)(v)(vi)(vii)(b)(d)) In particular, the registered person must ensure that shortfalls in risk assessments are identified and mitigated against. The risk assessments must also be clear so that staff know how to provide safe, good-quality, and consistent care to the child. In addition, the registered person must ensure that all staff are trained in the same behaviour management techniques in line with what is set out in the home's statement of purpose, and that a plan is in place to make improvements to the decoration and complete the repairs needed in the home.	
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;	1 June 2024

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; provide personalised care that meets each child's needs, as recorded in the child's relevant plans, taking account of the child's background; help each child to understand and manage the impact of any experience of abuse or neglect; 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. (Regulation 6 (1)(a)(b) (2)(a)(b)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(ix)) In particular, the registered person must ensure that staff deliver consistent, quality care in line with the statement of purpose; that staff understand the trauma that the child has suffered and how this may impact of their behaviour; and that all staff know and understand the restrictive order from the court and what this means for staff practice.	
The registered person must notify HMCI and each other relevant person without delay if— a child is involved in or subject to, or is suspected of being involved in or subject to; sexual exploitation; an incident requiring police involvement occurs in relation to a child which the registered person considers to be serious; there is an allegation of abuse against the home or a person working there; a child protection enquiry involving a child—	1 June 2024

is instigated; or

concludes (in which case, the notification must include the outcome of the child protection enquiry); or

there is any other incident relating to a child which the registered person considers to be serious.
(Regulation 40 (4)(a)(b)(c)(d)(i)(ii)(e))

In particular, the registered person must ensure that all notifiable events are sent to the regulator.

* This requirement is subject to a compliance notice.

Recommendation

- The registered person should ensure that the home complies with relevant health and safety legislation. In particular, ensure that fire doors are not propped open. ('Guide to the Children's Homes Regulations, including the quality standards', page 15, paragraph 3.9)

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: 2599994

Provision sub-type: Children's home

Registered provider: Kingston upon Hull City Council

Registered provider address: The Guildhall, Alfred Gelder Street, Hull HU1 2AA

Responsible individual: Michele Colthup

Registered manager: Post vacant

Inspector

Gail McGann, Social Care Inspector

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