2599994

Registered provider: 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 medium- to long-term care for one child. The home registered with Ofsted in July 2020.

The manager registered at the same time as the home and has completed the required level 5 diploma.

Inspection dates: 31 October and 1 November 2022

Overall experiences and progress of children and young people, taking into account	**requires improvement to be good**
How well children and young people are helped and protected	requires improvement to be good
The effectiveness of leaders and managers	good

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: 11 July 2022

Overall judgement at last inspection: inadequate

Enforcement action since last inspection:

Following the last full inspection, three compliance notices were issued under regulation 12 (the protection of children standard), regulation 13 (the leadership and management standard) and regulation 40 (notification of a serious event). These were found to be met following a monitoring visit on 31 August 2022.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
11/07/2022	Full	Inadequate
01/02/2022	Interim	Declined in effectiveness
01/09/2021	Full	Requires improvement to be good

Inspection judgements

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

As a bespoke provision, the care provided to the child is tailored to meet their specific needs. The child's wishes are regularly sought and promoted by the staff. Since the full inspection in July 2022, there have been some positive changes. The child's exposure to risk has reduced and the effectiveness of the responses from staff has improved.

Staff now work more consistently, which helps the child to understand expectations and boundaries. The manager has a clear vision about the quality and purpose of care, and staff are starting to deliver this.

The child has had some positive experiences over the summer. They have been on holiday, participated in activities in the community and made new friends. The child has also spent regular time with their family. The child values this time and it helps to promote a stronger sense of identity for them.

Over the last two months, there have been no occasions when the child has attempted to harm themself. This suggests that the child is more settled and is managing their emotions and behaviour.

The staff have successfully helped the child to regularly participate in learning after they stopped attending school earlier this year. This preparation has supported the child to return to the classroom. This is a positive achievement for the child.

These improvements are relatively recent and are not yet embedded in day-to-day practice. The manager has introduced new systems to support staff to sustain these positive changes. There are more effective management audit and monitoring systems, a more cohesive staff group and a general feeling of optimism in the staff team. However, this needs to be sustained for the benefit and well-being of the child.

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

Medication is safely stored, and staff are appropriately trained. However, the records of dispensation and administration of medication are not accurate, which leaves the potential for over administration of medication. This does not promote the child's safety.

Risks are identified around self-harm. However, there have been no recent incidents of this type. To minimise the likelihood of this happening, staff try to keep dangerous objects away from the child. However, occasional room searches continue

to identify hazardous items that could be used to cause harm. Room searches carried out by staff could be more effective in finding such items sooner.

Strategies to manage risks associated with unsupervised use of mobile phones and smoking materials are not reliably implemented, and the child refuses to cooperate with handing such items in. The staff have not identified the most effective ways to reduce these risks.

The child has not gone missing from the home at all for nearly two months. This is a positive change in behaviour. When the child does go missing, staff are proactive in trying to locate and return them safely. The reduction in episodes the child goes missing is because the child is making better decisions. These decisions are influenced by staff, who consistently raise awareness about the risks associated with this behaviour. Staff have helped the child to understand how to keep themself safe. Risks to the child are becoming better understood by the staff. There are plans in place to return the child if they go missing and to manage their vulnerability to self-harm and exploitation.

Regular multi-agency meetings take place with all the professionals who are involved with the child. This ensures effective sharing of information. This approach promotes the child's safety and ensures that the responses from professionals are consistent. The regular management oversight is a strength.

The effectiveness of leaders and managers: good

The significant progress made in addressing previous shortfalls and improving the quality of care can be attributed largely to leaders and managers. New systems have been introduced which monitor practice and give better oversight. There have been effective strategies introduced to promote team cohesion. The requirements made at the last inspection have been met.

Managers have a clear vision of what standard of care they want to provide. The adoption of a therapeutic approach is understood by staff and aligns with advice from the psychologist. The non-judgemental way in which staff support the child has earned their trust, and leaders and managers lead in modelling this.

Opportunities to promote consistency are taken and the manager has assurances that staff follow the regularly reviewed plans. There have been improvements around promoting good practice and professional development. Staff are encouraged to develop their skills and to apply what they learn in their practice.

Leaders and managers are held in high regard. Feedback from professionals is positive. For example, they speak about the strong advocacy provided for the child. The child's return to the classroom has been supported, and to some extent driven, by the manager. This benefits the child now and may also continue to benefit them in the future.

The manager has escalated and challenged the poor practice of some other professionals in the child's wider support network and has sought to fill gaps by involving other specialists. This has proved effective and has made the child increasingly safe.

The manager has reviewed all areas of service provision in need of development and has identified ways to improve. This has now translated through to improving outcomes for the child. The staff say that they are proud of the progress that the child is making.

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, 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 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— medicines kept in the home are stored in a secure place so as to prevent any child from having unsupervised access to them; medicine which is prescribed for a child is administered as prescribed to the child for whom it is prescribed and to no other child; and a record is kept of the administration of medicine to each child. Paragraph (2) does not apply to medicine which— is stored by the child for whom it is provided in such a way that other persons are prevented from using it; and may be safely self-administered by that child. (Regulation 23 (1) (2)(a)(b)(c) (3)(a)(b))	18 December 2022

Recommendations

- The registered person should ensure that rooms are only searched if the child has been informed or asked for their permission. However, immediate, regular or frequent searching may be necessary where there are reasonable grounds for believing that there is a risk to the child's or another person's safety or well-being. ('Guide to the Children's Homes Regulations, including the quality standards', page 17, paragraph 3.2)
- The registered person should recognise that there are circumstances where staff assess that restriction of mobile phone/online contact is necessary in the interests of the child, to safeguard them or promote their welfare. If contact with friends and family is unrestricted, staff should have alternative ways to monitor that this

is safe. ('Guide to the Children's Homes Regulations, including the quality standards', page 58, paragraph 11.16)

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: 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: Charlene Martin

Inspector

Rachel Ruth, Social Care Inspector

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