2608872

Registered provider: Northamptonshire Children's Trust Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is operated by a local authority children's trust. It provides care for up to two children who may be experiencing social and emotional difficulties. The home's statement of purpose states that it specialises in providing emergency care. Placements are for up to 16 weeks for children whose long-term placement has broken down or when a suitable long-term placement has not been identified.

The manager registered with Ofsted in November 2020.

Inspection dates: 11 and 12 January 2023

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	inadequate

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: 9 March 2022

Overall judgement at last inspection: improved effectiveness

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
09/03/2022	Interim	Improved effectiveness
14/12/2021	Full	Requires improvement to be good

Inspection judgements

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

This home provides care for children when they are at their most vulnerable, when their current home is no longer able to keep them safe or provide care for them. However, this specialist home still does not have the support, systems and processes in place to ensure that the registered manager and staff can provide good care for children. For example, maintenance and infrastructure issues are slow to be resolved, and mental health support is difficult to access.

Medication procedures are poorly managed. Medication has not been given to children as prescribed and has been stored without a prescription label or information. Emergency medication that a child should take everywhere with them was found in their bedroom and the pack was empty. Staff have not checked that the child still had emergency medication and reminded him to take it with him when he left the home.

The home has adopted a therapeutic approach. Most staff had trained some time ago and further training is planned. The approach is not yet embedded in practice. For example, incentive charts were posted on bedroom doors, so both children were able to see each other's charts and compare. Furthermore, crosses were evident on the charts at the start of the day, which showed the child had already lost their reward, therefore, there was no incentive for the rest of the day. The charts were removed following discussion with the manager.

Staff took a child who has afro-style hair swimming. They were not aware that the child should use a swimming hat to protect her hair, as there was no information in her care plan, or any information about her identity or culture. The staff did buy her a swimming hat at the pool.

Most children have had positive moves to long-term homes. Staff work hard with children with complex needs who are usually in crisis when they arrive at the home. Most staff can quickly form warm and nurturing relationships with children. This helps children to settle quickly and start to build their self-confidence, self-worth and resilience. Children say they feel listened to by staff.

Children who move on from the home continue to receive support from staff, who visit the child in their new home and take calls from them when they are feeling anxious. This helps children to settle into their new homes quickly and in a positive manner.

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

Not all staff follow the home's whistle-blowing procedures. Allegations made by children about staff have not been reported in a timely manner and using the proper processes. Delays in reporting can lead to a delay in allegations being investigated quickly.

Children's individual risk management plans are poor. They lack clarity, are not up to date, do not cover all risks for the child and do not provide staff with sufficient information. There are no signing sheets, so it is unclear whether all staff have read the risk assessments. However, staff do have an adequate understanding of the risks for the children and the strategies they should use to mitigate risks.

Staff are inconsistent in their use of incident forms. For example, they are directed to not complete an incident form unless a physical intervention has occurred. This can impede management oversight of incidents and prevent a better understanding of each child's experience and progress. However, one incident was only recorded in a logbook when it included a physical intervention. Because this incident was not recorded in the proper way, children and staff have not had the opportunity to reflect on the incident. Furthermore, an allegation was made in connection with this incident. This may have come to light sooner if the incident form had been completed.

Debriefs carried out with staff after a physical intervention are brief and not reflective. There is no apparent learning from debriefs. This is a missed opportunity to reflect and learn from incidents, to help prevent them happening again.

Some children regularly go missing from care and often involved in worrying incidents in the community. Staff follow the correct procedures when children go missing to ensure children return safely. They also work closely with external professionals. A police officer said, 'Between me and the home there has been good communication and support, which has been working really well.'

The effectiveness of leaders and managers: inadequate

Overall, the home's strategic responses and processes are slow and are not supportive for staff and children. There is a lack of senior management support currently because a senior manager is on long-term leave.

Management oversight of important processes, such as medication storage and administration, have been poor. This has led to medication not being administered in accordance with prescriptions. Oversight of incidents and staff debriefs is also poor and a missed opportunity to learn from incidents.

The sleeping facilities for staff remain poor. Some staff are struggling with the room allocated for sleeping because of a lack of privacy and noise. The room can also become very cold, despite there being a heater. Because of this, some members of

staff continue to sleep in the children's dining room. There are still no showering facilities for staff. This is concerning for some staff. Plans have been submitted to build an extension with an en-suite staff bedroom, but these are taking a long time to be agreed.

Most staff say they feel well supported by the team and managers. However, others say that staff morale is low and staff 'bicker' between themselves. Staff meetings are held monthly but are poorly attended. Although staff receive emails with the minutes from staff meetings, it is a missed opportunity to get the team together and do team-building exercises, for example.

The registered manager is highly qualified and experienced. He is supported by an experienced and qualified assistant manager. Both are passionate about providing good care to children who have experienced adverse life experiences. However, despite having an established staff team in which most staff are experienced and qualified, some staff are on performance improvement plans. This adds to the workload for the manager, in trying to provide extra support to these staff.

The management team ensures that children are the priority for staff. They ensure children have advocacy support and they work tirelessly with external professionals to get the support that children need to enable them to move forward positively.

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 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; manage relationships between children to prevent them from harming each other. (Regulation 12 (1) (2)(a)(i)(iv)) This specifically refers to poor-quality risk assessments for children. This requirement was raised at the last inspection and is restated.	1 March 2023
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—	1 March 2023

provide personalised care that meets each child's needs, as recorded in the child's relevant plans, taking account of the child's background. (Regulation 6 (1)(a)(b) (2)(a)(b)(iv)) This specifically relates to ensuring that staff provide children with afro hair style with good guidance about hair care, particularly when they go swimming.	
The health and well-being standard is that— the health and well-being needs of children are met; (Regulation 10 (1)(a)) This specifically relates to staff supporting children to remember to take emergency medication with them when they leave the home.	1 March 2023
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— meet each child's behavioural and emotional needs, as set out in the child's relevant plans. (Regulation 11 (1)(a)(b)(c) (2)(a)(i)) This specifically relates to staff not always using the therapeutic approach adopted by the home.	1 March 2023
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— understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person;	1 March 2023

are familiar with, and act in accordance with, the home's child protection policies. (Regulation 12 (1) (2)(a)(v)(vii)) This specifically relates to staff not using whistle-blowing procedures and not ensuring that a child takes his emergency medication with him when he leaves the home.	
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. (Regulation 13 (1)(a)(b) (2)(a)(b)) This specifically relates to a lack of support around the home that would enable staff to better support children. It also refers to low morale among some staff and poor attendance at team meetings.	1 March 2023
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— 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. (Regulation 13 (1)(a)(b) (2)(f))	1 March 2023

This specifically relates to the poor sleeping-in facilities for staff and low morale among some staff as a result, and how this may impact on the care they provide for children.	
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— use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(a)(b) (2)(h)) This specifically relates to staff not completing incident forms, and only recording in the home's logbook. This hampers the manager's ability to oversee the progress and experiences of children. Furthermore, staff do not have reflective discussions about incidents. These would help learning and help to prevent future incidents.	1 March 2023
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— 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. (Regulation 23 (1) (2)(b)(c)) This specifically relates to ensuring that prescribed medication is administered to children according to the prescription label. Staff should ensure that the medication administration sheet accurately reflects the prescription label. Also, staff should ensure medication is stored in its original box, with the information label. Staff should also ensure that medication is not out of date.	1 March 2023
The registered person must ensure that—	1 March 2023

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— 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; 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; has signed the record to confirm it is accurate; 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)(iv)) This specifically relates to ensuring that all incidents of restraint are recorded appropriately, and that staff and children receive reflective debriefs after each incident.	

Recommendation

- The registered person should ensure that the design of the home provides staff who sleep in the home overnight with appropriate facilities to do so. ('Guide to the Children's Homes Regulations, including the quality standards', page 17, paragraph 3.26)

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: 2608872

Provision sub-type: Children's home

Registered provider: Northamptonshire Children's Trust Limited

Registered provider address: One Angel Square, Angel Street, Northampton, Northamptonshire NN1 1ED

Responsible individual: Christina Skeel

Registered manager: Scott Beasley

Inspector

Joanne Vyas, Social Care Inspector

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