

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 is registered to provide care for up to two children with emotional and social needs.

There were two children at the home during this inspection.

The home is led by a registered manager.

Inspection dates: 20 and 21 June 2023

Overall experiences and progress of children and young people, taking into account	requires improvement to be good
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How well children and young people are helped and protected	requires improvement to be good
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The effectiveness of leaders and managers	requires improvement to be good
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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 January 2023

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
11/01/2023	Full	Requires improvement to be good
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 short-term care for children who may be in the process of returning home to family or moving to a longer-term placement.

The home does not currently present as homely, but institutional in places. It does not reflect the personalities and interests of the children currently living there. For example, there is a noticeboard that informs the children about the staff team, but the information is out of date. The kitchen area required work to damaged plastering which is unsightly. This is not yet a home that children can be proud of.

Children's experiences with education are variable. One child enjoys school, attends daily, and takes part in extra-curricular activities which they enjoy. However, another child does not attend school. The staff are supporting the child through supplying worksheets to complete. This could be improved by using more creative educational activities to support the child's engagement while a more appropriate educational placement is identified.

Staff ensure that children have access to primary healthcare services. Children see an optician and dentist for routine health checks. However, staff do not always work with children to help them to understand how they can address health concerns or promote healthy living. This is particularly in relation to children smoking tobacco. Staff described one child as a 'long-term smoker'. The child's cigarettes are stored by staff and provided by staff to the child. This gives the child the wrong message and is counter-productive in promoting behaviour that should be addressed because of the potential longer-term risk to health.

Staff work hard to form relationships with children, despite them only living here for a short period. A key aim is to promote stability for children and support them to move to a longer-term placement or return to family. Children's behaviours that are more concerning have reduced. For one child this has led to a planned return to live with family members.

On admission, children work with staff to go through and understand the children's guide. This is an opportunity for staff to get to know children. The guide includes rules, boundaries, and behavioural expectations. However, staff are not consistent in following the children's guide or the statement of purpose. This is confusing for children at times.

Staff support children to see their family and maintain important friendships. Staff work with professionals to promote meaningful and safe family time for children. Some external professionals commented that this could be enhanced by better communication with them after children have seen their family and friends. Children

feel that staff understand what is important to them. This helps them to become more confident about plans.

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

The manager does not have good oversight of the medication management processes. It is not always clear why staff have not provided medication to children. The manager does not assure themselves that staff are competent in medication administration through auditing staff training and competency. This means that children could be at risk of errors in medication management.

Staff do not plan the key-work sessions they undertake with children. These sessions are not linked to the children's needs and risks as identified in the children's relevant plans. The child's views are not reflected in key work sessions and the quality of the recording is, at times, poor. This is leading to unstructured key work sessions that do not focus on what is important for children or in reducing risk.

Children benefit from being cared for by staff who have diverse backgrounds, which allows different life experiences to be shared with children. This enriches children's lives. However, the manager does not have robust recruitment processes. For example, a reference for one member of staff was not the most recent employer, when working with children. Additionally, recruitment files are disorganised and lack rigorous oversight.

Staff use their skills and experience to build good relationships with children. The children have individual risk assessments. These provide staff with the guidance and direction they need to keep children safe. Children have become safer because staff understand how to work with the children to improve their behaviour.

Staff have worked hard to reduce episodes of children going missing from care. On the single occasion when a child was missing from care, there was a well-coordinated response from staff and external agencies. Staff were proactive in looking for the child and recorded their actions in detail. Staff welcomed the child back and discussed with the child the reasons for going missing. There has been a reduction in the risks to children from being missing from care.

The effectiveness of leaders and managers: requires improvement to be good

The manager is committed and dedicated. He is a reflective manager and ambitious to move the home forwards. However, he does not yet have good quality assurance processes, and this is preventing him having a clear view on all the areas that require improvement. For example, he has not submitted an updated statement of purpose to Ofsted. This hinders the regulator, partner agencies and families from having a clear view of what services and care are being offered to children.

The manager supports staff. He ensures that staff receive monthly supervision. However, because supervision meetings lack critical reflection, this does not support staff to improve their care practice. Additionally, the manager does not create opportunities to challenge staff or be professionally curious about their practice. This has the potential to limit and stifle professional development.

There is a mixture of staff, some who are experienced and some who are new to working with children in residential care. Staff receive a variety of training and shadow more experienced colleagues. Staff read children's records to ensure they understand their needs thoroughly. However, there is no formal induction process for staff. The manager does not have an appraisal or development plan to ensure that staff are competent in their role. This has the potential to increase children's vulnerability.

The responsible individual has been absent since February 2023 and there have been changes in oversight by leaders. The manager is proactive and uses peer supervision with a manager from another home to guide and support his management. The manager has continued to receive regular supervision, but this is inconsistent. The lack of consistent guidance from senior leaders prevents the manager from developing his own managerial practice.

Staff work well with external professionals. The staff advocate for children when required so that they receive the services and support they require. The manager and staff support children when they are ready to move out, whether this is to other homes or to return to family.

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, The 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 health and well-being standard is that— In particular, the standard in paragraph (1) requires the registered person to ensure— that staff help each child to— achieve the health and well-being outcomes that are recorded in the child's relevant plans; understand the child's health and well-being needs and the options that are available in relation to the child's health and well-being, in a way that is appropriate to the child's age and understanding; take part in activities, and attend any appointments, for the purpose of meeting the child's health and well-being needs; understand and develop skills to promote the child's well-being. This specifically relates to ensuring that health and well-being needs are met, and that staff engage with wider services to promote positive progress for children in relation to their health and specifically smoking reduction and seizure. (Regulation 10 (1)(a)(b)(c) (2)(a)(i)(ii)(iii)(iv))	30 August 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—	30 August 2023

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 the responsible individual ensuring there are effective systems to monitor the quality of care provided to children.	
The registered person must— keep the statement of purpose under review and, where appropriate, revise it; and notify HMCI of any revisions and send HMCI a copy of the revised statement within 28 days of the revision. (Regulation 16 (3)(a)(b)) This specifically refers to any revised statement of purpose being reviewed regularly and submitted to HMCI within 28 days.	30 August 2023
The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children's home. This specifically relates to staff being assessed as competent in following the process for recording medication administration. (Regulation 23 (1))	30 August 2023
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.	30 August 2023

This specifically relates to the need to seek references where a person has previously worked with children or vulnerable adults. (Regulation 32 (1)(2)(a)(b)(3))	
The registered person must— ensure that each employee completes an appropriate induction; ensure that each permanent appointment of an employee is subject to the satisfactory completion of a period of probation. This specifically relates to a formal induction process and for the registered manager to assure themselves that staff are competent in their role. (Regulation 33 (1)(a)(b))	30 August 2023

Recommendation

- The registered person should ensure the children's home is nurturing and a supportive environment that meet the needs of their children, they will, in most cases, be homely, domestic environments. Children's homes must comply with relevant health and safety legislations (alarms, food hygiene etc); however in doing so, homes should seek as far as possible to maintain a domestic rather than 'institutional' impression. ('Guide to the Children's Homes Regulations, including the quality standards', page 15, paragraph 13.9)
- The registered person should have systems in place so that all staff, including the manager, receive supervision of their practice from an appropriately qualified and experienced professional, which allows them to reflect on their practice and the needs of the children assigned to their care. ('Guide to the Children's Homes Regulations, including the quality standards', page 61, paragraph 13.2)

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

Inspectors

Lizette Watts, Social Care Inspector

Alli Tandy, Social Care Inspector

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