

2623842

Registered provider: Newcastle City Council

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

A local authority operates and manages this home. The home offers care and accommodation for up to 3 children with emotional and/or social difficulties.

Due to COVID-19 (coronavirus), at the request of the Secretary of State, we suspended all routine inspections of social care providers on 17 March 2020.

The home and manager were registered with Ofsted on 3 March 2021. This is the first inspection of this home.

Inspection dates: 14 to 15 September 2021

Overall experiences and progress of children and young people, taking into account	good
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How well children and young people are helped and protected	good
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The effectiveness of leaders and managers	good
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The children's home provides effective services that meet the requirements for good.

Date of last inspection: not applicable

Overall judgement at last inspection: not applicable

Enforcement action since last inspection: not applicable

Recent inspection history

Inspection date	Inspection type	Inspection judgement
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Not previously inspected		
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Inspection judgements

Overall experiences and progress of children and young people: good

Children's relationships, emotional well-being and education have improved due to the individualised care and support that they receive.

Children are welcomed into the home in a planned way. Staff think carefully about things that might help the children settle in. Staff speak to children to gain their views on how they want their bedroom to look and provide a welcome pack of essential items. In one example, a cook, from the provider's sister home, made and delivered a child's favourite meal for them when they moved in. This helps children to have a good start to living in their new home.

The home is bright and well maintained and is personalised to the children's taste. A child described living in the home as 'good'.

The home is divided into two separate living spaces, providing each child with their own living room, kitchen, bathroom and bedroom. This arrangement is agreed by the children's social workers. However, some children's care plans do not reflect the arrangement or show when this will be reviewed.

Some children are making good progress at school. Where the location is some distance away, staff transport children and talk to them about the day ahead. Staff are in regular contact with teaching staff and together, with the in-house therapeutic team, share information about the children's needs. This helps teaching staff support the children during the school day. One teacher described this as making a 'massive difference, resulting in increased school attendance, fewer incidents and greater participation in learning'.

Children are supported to be healthy. Staff encourage children to eat a balanced diet and exercise regularly. Staff support children to attend appointments and work with health professionals. If children misuse drugs and alcohol, the staff give the children appropriate advice and encourage them to access specialist services.

Children have good relationships with the staff. This helps children to confide in the staff and share their worries or concerns. Through positive role modelling, the staff help children to learn how to tolerate and respect others. This has had a positive effect for all the children living in the home. For one child in particular, this has reduced the number of serious incidents. However, as a result of the separate living arrangements, the children do not have the opportunity to develop their relationships with each other. This hinders their development of other social skills which will be important for their future. The manager is aware of this and, with the placing authority, is planning ways to address it.

Children are supported to have positive family time. Where appropriate, family members visit the home, joining in events such as children's birthday celebrations

and Sunday lunch. The staff understand the significance of children's family relationships and the impact that separation and loss can have on children's lives. The staff recognise when the children are feeling sad, and they provide nurturing care, listen and give cuddles and encouragement. A parent said that the staff's approach has had a positive impact on their child. They said, '[Name of child] knew that they care about them. [Name of child]'s attitude to life has changed.'

When children move into their new home, the staff provide them with ongoing support to settle. The staff keep in contact with the new carers and visit the children, including when this is some distance away. This shows the children that, even though they do not live in the home anymore, the staff still care about them. The staff send children letters detailing fond memories, photographs, and important keepsakes of their time in the home. The examples observed during the inspection were excellent. This helps children cherish positive times in their lives and promotes their self-esteem.

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

The risks to children are identified and understood by the staff. Individual risk assessments are up to date and identify the children's vulnerabilities and the strategies which the staff should follow. When there are serious concerns regarding risks to the children, plans are formulated to target and disrupt these behaviours. Action logs clearly show the intervention carried out to help children become increasingly safe.

Staff take effective action when the children go missing from the home. The staff actively search the surrounding and known areas that the children visit. Staff contact the children's families, friends and other agencies, so they can share information. This ensures that the children return home as quickly and safely as possible. Children are consistently offered the opportunity to speak with an independent person. This helps children to talk about their experiences while they were away from the home.

Staff take appropriate action when children self-harm and misuse alcohol and drugs. Staff provide children with immediate advice and support and encourage children to access specialist health services. When children do not want to participate, staff liaise with other professionals to explore ways that they can support the child to engage. This helps children to access the services they need when they feel ready.

The staff understand the children's complex needs and are committed to providing children with the help that they need. When faced with behaviour which is very difficult to manage, staff prioritise the child and do not give up. The staff follow the agreed strategies and reflect on what has worked and what needs to change. A member of a staff said, 'We love the children for who they are. We don't just look at the behaviour right now; we think about what the child has gone through in the days, weeks and years before.'

The staff think creatively when delivering interventions to children. They identify topics which interest the child, for example film, exercise and music, and use these to engage the child in key-work sessions. Using this approach, helps children to participate and make progress in their lives.

Closed-circuit television (CCTV) operates on the exterior of the home to safeguard children. In one example, written consent had not been obtained from the child's placing authority for the use of this.

The effectiveness of leaders and managers: good

The manager has now resigned from the role of registered manager in another children's home. This means that she has resumed the full-time day-to-day management of this home.

The manager and deputy manager work well together. They provide staff with a supportive environment with a good-quality induction and regular supervision. Staff training is regularly provided and focuses on the children's individual needs. This helps staff to be fully prepared and suitably skilled to care for the children.

The management team and senior leaders confidently challenge poor staff performance. When shortfalls are identified, these are promptly investigated with reflections on lessons learnt. When necessary, the staff receive additional training and guidance. This results in improvements in the care that the children receive.

The staff are committed to their role and show compassion and humility towards the children. They work together as a team with a good balance of male and female carers. The staff have allocated champion roles, for example in restorative practice and positive activities for the children. This means that the staff prioritise areas of practice and are actively involved in improving children's care.

Relationships between the staff and other agencies are positive. When the manager and staff are worried about a child, they share information and escalate concerns to other professionals. This helps coordinate support and services to meet children's emerging needs. A teacher, a police officer and a parent all confirmed that the staff are very good at sharing information.

When serious incidents occur, relevant professionals are informed, including Ofsted. However, sometimes notifications to Ofsted are delayed. This means that Ofsted cannot scrutinise the management of these incidents in a timely manner.

Children's documents and case records are routinely monitored by the management team. In some examples, the inspector found documents which were not signed and dated by the author. The manager acknowledged this shortfall and has a plan in place to address this.

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 registered person must ensure that— 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— 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 effectiveness and any consequences of the use of the measure; and 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; and has signed the record to confirm it is accurate; and 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)(ii)(iii)(iv)(v)(vii)(viii)(b)(i)(ii)(c))	15 October 2021

Recommendations

- The registered provider should ensure that the children are able to access all shared areas of their home unless there are specific reasons why this would not meet a child's needs. Where some access restrictions are required, this should be

detailed in the child's care plan and reviewed on a regular basis. ('Guide to the children home regulations and the quality standards', page 15, paragraph 3.10)

- The registered provider should ensure that there is a written policy describing how CCTV or other monitoring equipment will support the safeguarding and well-being of those living and working in the home in accordance with regulation 24. Homes must gain consent to any monitoring or surveillance by the placing authority in writing at the time of placement. ('Guide to the children home regulations and the quality standards', page 16, paragraph 3.16)
- The registered provider should ensure that the staff help the children to develop skills to have positive relationships with others. This includes other children in the home. ('Guide to the children home regulations and the quality standards', page 38, paragraph 8.6)
- The registered provider should ensure that children's case records are signed and dated by the author of each entry. ('Guide to the children home regulations and the quality standards', page 62, paragraph 14.3)

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: 2623842

Provision sub-type: Children's home

Registered provider: Newcastle City Council

Registered provider address: Newcastle Civic Centre, Barras Bridge, Newcastle upon Tyne NE1 8QH

Responsible individual: Jayne Forsdike

Registered manager: Hayley Carr

Inspector

Catherine Heron, Social Care Inspector

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