2666653

Registered provider: Jeeves care group limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

A small independent provider owns this home. The home provides care for up to two children aged between 11 and 17 years who may experience emotional and social difficulties and/or mild learning disabilities.

There has been no registered manager since April 2024.

Inspection dates: 20 and 21 May 2024

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	requires improvement to be 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: 10 May 2023

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
10/05/2023	Full	Good
20/06/2022	Full	Requires improvement to be good

Inspection judgements

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

At the time of the inspection, one child was living at the home. The care provided is not helping the child's progress. Since the last inspection, one child has moved out and one child has moved in.

Staff have failed to ensure that the child has a school place. The child has been out of education for five months. Managers have challenged this; however, this has not been escalated further to ensure that it is prioritised. Staff have failed to provide appropriate learning opportunities for the child at the home. There is no structured learning plan. This means that the child is not learning on a day-to-day basis and their educational progress is limited.

There is lack of daily structure. Staff leave the child in bed, often until the afternoon. While the child is in her room, the staff are in the office. Staff wait for the child to come to them to initiate any interaction. On one occasion, the lack of interaction was raised by the child. This was not identified in the records by leaders and managers. These low expectations and lack of interaction have led to the child having limited relationships with the majority of the staff.

The child has been enabled to develop unhealthy routines. They are asleep during the day and awake at night. There are occasions when the child cooks meals in the middle of the night. There has been no plan from staff to support the child, and so they continue to have an unhealthy sleep cycle.

Staff do not have a sensible plan to support the child with vaping. The child often vapes in her bedroom. Vapes are purchased for the child by a family member. There has been no collaborative working with the family member to reinforce the expectations and to discuss harm-reduction strategies.

Care plans do not sufficiently recognise neurodiversity and how this affects the child's lived experience and communication preferences. The lack of understanding is a barrier to staff building positive relationships with the child and making appropriate adjustments to help the child to thrive.

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

The child's individual needs and risks are not shared with staff. The child recently self-harmed. This is a new behaviour and the reasons for this have not been considered. Leaders and managers have not responded to this emerging risk quickly enough. Staff are unclear on the steps to take if the child self-harms again. During the inspection, a

safety plan was provided. However, this delayed response has meant that staff have not had clear instructions for a period of 10 days.

The child is at high risk of exploitation. Since being at the home, the child has been given a mobile phone that is monitored by a family member. The child spends large amounts of time in their bedroom. The connection between the child's individual vulnerability, solitary mobile phone use, and exploitation has not been made. Staff do not demonstrate curiosity about what the child is accessing on their mobile phone. Risk assessments do not provide meaningful strategies to minimise or understand whether the child is being exploited.

Staff offer some support to the child when they express feelings and emotions. When physical interventions are used, these are to keep children and staff safe. However, a greater understanding of the child's needs is required by all staff and managers in order to reduce the number of incidents.

The premises risk assessment is detailed. However, consultation with partners has not taken place since 2020. Therefore, current information about the local area, particularly in light of the child's current risks of exploitation, is unknown.

Allegations are dealt with quickly. Investigations into practice arising from allegations are thorough. Leaders and managers have oversight of allegations through the use of monthly summaries that detail learning and themes. This method has informed future learning.

Leaders and managers have ensured that there are safe recruitment practices.

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

There is a newly appointed manager, who started in post a month before the inspection. The manager is supported by the responsible individual, who has a detailed knowledge of the home and staff. Leaders and managers agree that they need more stability in the management team. Leaders and managers are in the process of making changes to records and making it easier for children to access their information.

Managers and leaders have not recognised the lack of progress for the child. There is not enough understanding of the current situation for the child. Staff do not have clear information in relation to the child's needs and risks. This limits the child's progress.

The managerial monitoring is not always effective. There is a record of a child making a complaint, which has not been identified or dealt with. This means that the child's views have not been taken into account and potential staff practice issues have not been addressed.

Supervision sessions are regular. However, these are not connected to the care provided or linked to children. Leaders and managers do not use supervision sessions to allow

staff to fully share their experiences. Staff said that they do not always have formal conversations with managers to share their views and discuss their support needs.

Team meetings rarely feature discussions about the child's needs. This means that staff are not being given clear messages about the expectations for working with the child.

Leaders and managers have not ensured that staff are equipped with the skills to work with the child. Detailed training in neurodiversity has not been provided. This has affected the relationships that staff have with the child as they do not understand the child's needs. Some staff do not have first-aid training and therefore may not know how to best respond to incidents of self-harm, or minor injury.

The language used in the child's care plan is not respectful or inclusive. This can be a barrier to including the child's voice. Staff do not have clear timescales for care planning and reviews, which means that they may potentially miss risks and not evidence children's progress.

Managers are aware of the shortfalls at the home and have begun the process of developing new tools to support change. During the inspection, some new documents were available. However, these are not yet contributing to the progress of the child.

Feedback from a family member and a professional is mixed. Both raised the staff's lack of understanding of neurodiversity and the effect on the quality of care provided.

The home benefits from a stable staff team, with few agency staff. The staff are sufficient in number and this provides the child with consistent carers.

Leaders and management actively encourage staff development, and managers are supporting staff to achieve the required qualifications.

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; have the skills to identify and act upon signs that a child is at risk of harm; 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; 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. (Regulation 12 (1) (2)(a)(i)(iii)(v)(vi)(b)) In particular: ensure that risk assessments are updated in response to emerging risks of self-harm and future risks as they arise; ensure that risk assessments detail the links between child exploitation and prolonged mobile phone use; and ensure that staff are curious about the reasons for new behaviours, including self-harm.	10 June 2024

The education standard is that children make measurable progress towards achieving their educational potential and are helped to do so. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff— help each child to achieve the child's education and training targets, as recorded in the child's relevant plans; understand the barriers to learning that each child may face and take appropriate action to help the child to overcome any such barriers; help each child to understand the importance and value of education, learning, training and employment; promote opportunities for each child to learn informally; maintain regular contact with each child's education and training provider, including engaging with the provider and the placing authority to support the child's education and training and to maximise the child's achievement; raise any need for further assessment or specialist provision in relation to a child with the child's education or training provider and the child's placing authority; help a child who is excluded from school, or who is of compulsory school age but not attending school, to access educational and training support throughout the period of exclusion or non-attendance and to return to school as soon as possible; help each child to attend education or training in accordance with the expectations in the child's relevant plans. (Regulation 8 (1) (2)(a)(i)(iii)(iv)(v)(vi)(vii)(viii)(x)) In particular: provide effective formal challenge, when needed, to education partners to secure education for the child;	10 June 2024

ensure a detailed plan is in place and recorded in the child's care plan to provide 25 hours of learning at the home using a creative approach to learning opportunities; ensure that staff have the understanding and skills to write and implement the child's learning plan; and ensure that staff understand neurodiversity and how this affects the child's learning style and communication.	
The health and well-being standard is that— the health and well-being needs of children are met; children receive advice, services and support in relation to their health and well-being; and children are helped to lead healthy lifestyles. 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; understand and develop skills to promote the child's well-being; that each child has access to such dental, medical, nursing, psychiatric and psychological advice, treatment and other services as the child may require. (Regulation 10 (1)(a)(b)(c) (2)(a)(i)(ii)(iv)(c)) In particular: ensure that health plans include the details to support the child to adopt and maintain a healthy routine; ensure that staff understand these plans and implement them;	10 June 2024

ensure that the child has a healthy diet, taking into account preferences related to neurodiversity; and ensure that the child is supported to find alternative coping strategies to vaping and does not vape in the bedroom.	
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; strive to gain each child's respect and trust; understand how children's previous experiences and present emotions can be communicated through behaviour and have the competence and skills to interpret these and develop positive relationships with children; are provided with supervision and support to enable them to understand and manage their own feelings and responses to the behaviour and emotions of children, and to help children to do the same. (Regulation 11 (1)(a)(b)(c) (2)(a)(i)(viii)(ix)(x)) In particular: ensure that staff are proactive in their interactions with the child; ensure that the child is not left in their room for hours without contact from staff; and ensure that the staff are given meaningful time to explore their feelings about their work.	10 June 2024

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— ensure that staff— protect and promote each child's welfare; treat each child with dignity and respect; 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)(b)(ii)(iii)(iv)) In particular: ensure that the child's plans do not include language that blames the child; ensure that the child's plans clearly explain their neurodiversity and how this affects the child's day-to-day life experience; and ensure that staff understand neurodiversity and the child's preferences, including their communication preferences.	10 June 2024
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;	10 June 2024

ensure that staff have the experience, qualifications and skills to meet the needs of 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— 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)(c)(f)(g)(ii)(h)) In particular: ensure that staff receive first-aid training; ensure that staff receive quality training on neurodiversity and what this means for the individual child; ensure that supervision sessions and team meetings are used to discuss the child's needs and how to support the child to make progress; ensure that thorough monitoring identifies and deals with practice issues; ensure that complaints are identified and investigated.	

Recommendation

- The registered person should ensure that regular consultation is undertaken with relevant partners in order to identify current and emerging risks in the locality. ('Guide to the Children's Homes Regulations, including the quality standards', page 64, paragraph 15.1)

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: 2666653

Provision sub-type: Children's home

Registered provider: Jeeves care group limited

Registered provider address: 71 Knowl Piece, Wilbury Way, Hitchin SG4 0TY

Responsible individual: Kalvinder Khelie

Registered manager: Post vacant

Inspectors

Hannah Phillips, Social Care Inspector
Richard Wyper, Social Care Inspector

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