

2683463

Registered provider: Wandsworth Borough Council

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This local authority children's home provides longer-term care for up to eight children aged between eight and 19 years. According to its statement of purpose, the children have Autistic Spectrum Conditions, severe intellectual disabilities and associated behaviours that challenge.

The home has been registered as a children's home since the 25 April 2023. There is a school on the same site as the home.

The inspector only inspected the social care provision at this school.

The registered manager's post has been vacant since October 2023.

Inspection dates: 20 and 21 June 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

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: 29 November 2023

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
29/11/2023	Full	Good

Inspection judgements

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

The service is judged as requires improvement to be good primarily due to poor systems and management oversight of healthcare, particularly in relation to the administration of medications. In addition, fragmented arrangements for managing concerns and incidents create vulnerabilities for children, and for some children, this has an impact on their experience of care.

Children are generally supported well in relation to attending health appointments and receiving treatment when required. However, health care plans lack clarity in relation to some health issues. In one example, staff and records were unclear as to whether a health condition for a child, who sometimes regurgitates food, was a medical condition or a behaviour linked to her psychological well-being. Medication prescribed to alleviate this condition was not being administered as prescribed.

Errors in administering medications are low. However, some avoidable errors have occurred due to poor stock control systems and inconsistent information across health care plans in relation to how medication given 'as required' should be administered. These errors have not placed children at risk of significant harm but do not provide optimum support to alleviate some symptoms for some children.

Children generally benefit from an experienced, committed staff who provide genuine, nurturing care for children. They know the children well and are attentive to their needs. Children make good progress in a range of areas. They engage well in education and take part in a range of on-site and off-site activities. Staff carefully balance the need for children to take reasonable risks and look to broaden their experiences. Staff supported one child, who was previously anxious in the community, to attend a large music festival. Another child was thoughtfully supported to have a great time visiting a local cave. However, opportunities to engage in the community are occasionally reduced due to having insufficient staff on duty.

Parents speak positively about the experience and progress of their children. One parent said of her daughter, 'She is thriving. She was previously out of school for a year but has progressed amazingly well since being in the home.' Another parent reported that her daughter has 'great relationships with caring staff'.

Staff use a range of communication methods to help children to make choices and to influence the way that their care is provided. Children's rooms are designed to reflect their interests and the things that they like. They are individualised, comfortable and designed for the children to feel at home.

When children move into and out of the home, this is planned thoughtfully and effectively. One child who recently moved into the home was well prepared and has

settled well in the group. Plans for children moving on from the home are well structured and planned. Staff use social stories and work closely with families and social workers to ensure that the children are well prepared and have a positive ending.

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

There are relatively few incidents of concern or allegations against staff in this home. Staff know the children well and intervene effectively to safeguard them in areas where they are vulnerable. However, when incidents do occur, the systems in place to provide management oversight and implement any learning are flawed. In one example, senior managers were unclear as to the expectations of staff when providing one-to-one support for a child. Records are equally unclear as to what this means in practice.

Safeguarding systems lack cohesion. There are not always clear lines of communication or accountability in relation to how safeguarding matters are being managed. Recording systems are fragmented. For example, the designated safeguarding lead has no access to the system where behaviour incidents are recorded, and the house manager has limited access to gather information as to the outcome of incident investigations. When an incident occurred in school, senior leaders did not ensure that learning from this incident was shared with the residential staff to inform the way they support this child.

Staff manage behavioural incidents well. They are alert to signs that children may be anxious and intervene early to provide support. Parents report that their children are developing more confidence and coping better with situations that they previously found hard to manage. As a result, incidents for these children have been reduced significantly.

Staff sometimes use physical interventions to keep children safe. This is carried out with care and in line with staff training to ensure that the minimum level of intervention is used for the minimum amount of time. However, children do not consistently have opportunities to communicate their feelings after these incidents. Consequently, their views do not always inform practice, and children do not always have the chance to reflect on incidents.

The provider has made improvements to their recruitment processes in recent weeks. All relevant checks are carried out on permanent staff, and managers now receive more information in relation to agency staff to inform their recruitment decisions. However, in one example, significant information in relation to an agency member of staff was not explored to consider if this affected their suitability for the role.

The effectiveness of leaders and managers: inadequate

The effectiveness of leaders and managers is inadequate due to the lack of senior management oversight and ineffective systems and monitoring. In particular, leaders do not ensure that safeguarding concerns are managed well and that medication systems are working effectively to reduce errors. These shortfalls undermine the quality of care that staff provide to children in the home.

There are not always sufficient staff on duty to fully meet the needs of the children. The staff in the home reported that they are stretched at times as staff are moved from the home to other homes operated by the provider at short notice.

The house manager is committed to providing the best care for children. He supports his staff well, and the staff speak highly of his dedication to children and the support that he provides to staff. He is a role model for good day-to-day practice and ensures that staff have regular individual supervision sessions. However, he does not receive regular or effective supervision from senior managers.

Parents and social workers hold a mixed view about how the provider works in partnership with them. Some parents are very happy with the communication and the relationships that they have with care staff in the home. There is good evidence of very strong partnership work to support children moving on from the home. However, some parents lack confidence in senior managers' responses to concerns, and they are not always kept informed and involved appropriately when incidents occur.

Staff get the training that they need to meet the needs of the children, and they demonstrate good knowledge and skills. However, the lack of supervision for the house manager means that he does not have regular opportunities to discuss his learning and development in the leadership and management role.

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 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. 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)(b)(c) (3)(a)(b))	4 August 2024
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; 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; and	4 August 2024

are familiar with, and act in accordance with, the home's child protection policies. (Regulation 12 (1) (2)(a)(i)(v)(vi)(vii)) In particular, ensure that safeguarding systems are coherent and that the supervision and support needs for each child are clear and understood by children, staff, parents and social workers.	
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— ensure that the home has sufficient staff to provide care for each child; ensure that the home's workforce provides continuity of care to each child; and 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)(d)(e)(f))	4 August 2024
The health and well-being standard is that— the health and well-being needs of children are met; and children are helped to lead healthy lifestyles. (Regulation 10 (1)(a)(c)) In particular, ensure that the health needs of individual children are clearly identified and understood by staff.	15 July 2024
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	15 July 2024

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— the individual is of integrity and good character; the individual has the appropriate experience, qualification and skills for the work that the individual is to perform; the individual is mentally and physically fit for the purposes of the work that the individual is to perform; and full and satisfactory information is available in relation to the individual in respect of each of the matters in Schedule 2. (Regulation (32) (1) (2)(a)(b) (3)(a)(b)(c)(d)) In particular, ensure that any information received in relation to agency staff is fully explored to inform decisions about their suitability for the role.	
The registered person must ensure that all employees— undertake appropriate continuing professional development; receive practice-related supervision by a person with appropriate experience; and have their performance and fitness to perform their roles appraised at least once every year. (Regulation (33) (4)(a)(b)(c))	4 August 2024

Recommendations

- The registered person should 'seek to involve' the placing authority that places a looked-after child in the home, which in practice means working primarily with their statutory social worker. The requirement to work with social workers and other relevant people is repeated at other places in the Regulations and Guide, but in this instance, the duplication is a justifiable reinforcement in light of the crucial importance of a strong working relationship between the home and the authority with parental responsibility for a child placed there. A close working relationship is essential with those with parental responsibility for them, usually their parents or other carers. (Guide to the Children's Homes Regulations, including the quality standards', page 11, paragraph 2.5)
- The registered person must ensure that any child who has been restrained should be given the opportunity to express their feelings about their experience of the restraint as soon as is practicable, ideally within 24 hours of the restraint incident, taking the age of the child and the circumstances of the restraint into account. In some cases, children may need longer to work through their feelings, so a record that the child has talked about their feelings should be made no longer than five days after the incident of restraint (Regulation 35 (3)(c)). Children should be encouraged to add their views and comments to the record of restraint. Children should be offered the opportunity to access advocacy support to help them with this (Regulation 7 (2)(b)(iii)). (Guide to the Children's Homes Regulations, including the quality standards', page 50, paragraph 9.60)

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: 2683463

Provision sub-type: Children's home

Registered provider: Wandsworth Borough Council

Registered provider address: The Town Hall, Wandsworth High Street, London SW18 2PU

Responsible individual: Penelope Doswell

Registered manager: Post vacant

Inspectors

Lee Kirwin, Social Care Inspector
Sharron Dormand, Social Care Inspector

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