

2707632

Registered provider: Brite Futures Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

A private company owns and runs the home. The home is approved to provide care for up to five children. The home may provide care for children with physical and learning disabilities and/or sensory impairments.

At the beginning of the inspection, only one child lived at the home. A further child moved into the home during the inspection and has remained living there.

The registered manager is currently away from the home. The deputy manager is acting in the manager role until the manager returns to work.

Inspection dates: 13 and 14 December 2023

Overall experiences and progress of children and young people, taking into account **good**

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

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

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

Inspection judgements

Overall experiences and progress of children and young people: good

Children and staff have good relationships with one another. Staff and management understand children living at the home, which helps them to effectively build and maintain their relationships. The relationships are visibly warm and trusting. This helps children to feel happy and settled.

There are facilities in the home to support children's well-being, such as ball pits to play in and sensory rooms to help them self-soothe and relax. Children have the opportunity to do fun activities with staff at the home and away from it. These experiences are captured in photos, which are displayed on the walls in the home and put into memory books for children to look at and keep.

Staff spend time with children every day to help and discuss a wide range of topics, including road safety, sharing with others and how they can make better choices. Routines are consistent and well considered. This ensures children have structure, stability and the right staff to support them. Staff work with the school to help children achieve in their studies. This means children receive a consistent approach to care and learning from adults both at home and school.

Children's health needs are met through good communication with relevant agencies, such as the GP. However, the children already living at the home do not have a health passport, which provides an overview of each child's needs. This may impact upon hospital staff caring for children because they have less of an understanding of the children's needs when they visit the hospital.

Family relationships are promoted. Family members and significant others are given regular updates about children's progress and well-being and they are encouraged to visit the home. Staff support relationships by taking children to see their families in line with their care plans. This helps to maintain family networks, which support children to form their identity and may increase their support network when they reach adulthood.

Children's communication abilities and needs are understood by staff. The social worker of one child praised the progress they have made in their speech and communication since moving to the home. However, the use of communication methods and aids is not consistently applied. For example, the menu and complaints procedure do not include any pictures or symbols that would aid child participation. The absence of a system for recording and analysing the children's communication may result in staff missing the children's cues, causing unnecessary delays in helping new children settle at the home.

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

Children are kept safe by appropriate staffing ratios. There are safer recruitment practices in place that ensure staff are safe to work with children. Staff are aware of their responsibility to safeguard children and raise concerns when practice is poor or harmful. When there have been instances of misconduct, management has acted quickly to mitigate the risk.

Physical interventions are only used to keep children safe. They are proportionate and recorded clearly. There is good debrief with the child, which is done using pictures and symbols. There is also debrief with staff in a timely manner. The process promotes reflection and learning. Recordings of physical interventions do not state the time, and in one example, two physical interventions were recorded in one report. This leads to a lack of context around interventions.

Due to one child's small stature, bespoke intervention training for staff was arranged to ensure their safety. However, this child's behaviour support plan does not reflect the bespoke guidance, meaning a consistent response is not assured if used.

The home is a safe environment for children. Health and safety measures are effective and up to date. There are regular fire safety checks in line with the fire risk assessment. The home has alarms on all bedroom doors. However, the need for alarms is not subject to individual assessment or review, meaning that children's rights to privacy are not being met.

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

Good planning is undertaken before children move into the home. There is frequent communication with relevant professionals and agencies to inform the transition. There is clear planning and assessment of children's ability to live together and the support they will need to do so. This has led to minimal disruption for the child already living at the home and has reduced the level of difficulty for the child coming to live at the home. However, there has been one instance when a new child coming into the home had their medication administered in an improvised manner due to staff not being fully prepared and a lack of necessary equipment.

Managers act quickly when allegations are made against staff. If concerns are raised over staff's practice, then they are removed from the home promptly. Fact-finding is thorough and completed in a timely manner, and the process ensures children are safe. However, the rationale and decision for the investigation outcome were not clearly recorded.

Staff feel well supported by their current manager. There is also regular support from the responsible individual and the home's director. Managers and leaders have created a supportive working environment for all members of the team. This increases their ability to work together and ensure children's needs are met. Staff

have regular supervision with their manager or team leader, where they discuss practice and personal matters.

Inductions are comprehensive to ensure new starters have the necessary knowledge before working with children. Some staff have mandatory training outstanding. However, team reflections and group supervision help staff to better understand how to work with children. Team meetings are a further opportunity to discuss practice and what lessons can be learned to provide better care. They are well attended and recorded. There is clearly a culture of learning and development that is steered by management and leaders.

What does the children's home need to do to improve?

Statutory requirements

This section sets out the actions that the registered person 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 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; and 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)(b)) In particular, the registered manager must ensure that children's behaviour plans provide full details of the restraints that can be used in the event of children posing a risk to themselves or others.	13 March 2024
The registered person may only use devices for the monitoring or surveillance of children if—	13 March 2024

the monitoring or surveillance is for the purpose of safeguarding and promoting the welfare of the child concerned, or other children; so far as reasonably practicable in the light of the child's age and understanding, the child is informed in advance of the intention to do the monitoring or surveillance; and the monitoring or surveillance is no more intrusive than necessary, having regard to the child's need for privacy. (Regulation 24 (1)(a)(c)(d))	
The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children's home that— promotes their welfare. In particular, the standard in paragraph (1) requires the registered person to— ensure that staff have the experience, qualifications and skills to meet the needs of each child. (Regulation 13 (1)(b) (2)(c)) In particular, the registered manager must ensure that children have the necessary equipment for their needs to be met and that staff have the right training and guidance to use it.	13 March 2024

Recommendations

- The registered person should ensure that restraint incident reports have the time of each restraint recorded and, if more than one restraint is recorded in the same report, a clear rationale as to why they are connected to the same incident. ('Guide to the Children's Homes Regulations, including the quality standards,' page 49, paragraph 9.59)
- The registered person should ensure that staff have the skills and confidence to communicate easily and understand the importance of listening to, involving and responding to the children they care for. The children's plans should help staff understand the child's style of communication and how their vocabulary can be developed. ('Guide to the Children's Homes Regulations, including the quality standards,' page 22, paragraph 4.10).
- Children's preferred individual communication aids should be used so children have easily accessible information about their rights and day-to-day life living at

the home. ('Guide to the Children's Homes Regulations, including the quality standards,' page 22, paragraph 4.19).

- The registered person should ensure that the home's records of a serious event include a description of the action taken and the outcome of any resulting investigation. ('Guide to the Children's Homes Regulations, including the quality standards,' page 63, paragraph 14.14)
- The registered person should ensure that each child has a health care passport that provides an overview of each child's needs, making it easier for health and care professionals to provide the right treatment. ('Guide to the Children's Homes Regulations, including the quality standards,' page 34, paragraph 7.8)

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: 2707632

Provision sub-type: Children's home

Registered provider: Brite Futures Ltd

Registered provider address: Office 7, Warwick Road, Maltby, South Yorkshire
S66 8EW

Responsible individual: Jason Darbyshire

Registered manager: Paynton Quinn

Inspectors

Ed McCallum, Social Care Inspector
Aaron Mcloughlin, Social Care Inspector

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