

2768400

Registered provider: Brooks & Brooks Recruitment

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This is a private children's home that provides care for up to three children, single gender occupancy only. The home's statement of purpose states that children living in this home may have a range of social and emotional difficulties.

The manager is suitably experienced and working towards the relevant qualification. She registered when the home became operational in May 2024.

There were three children living in the home at the time of the inspection. The inspector spoke with two of the children.

Inspection dates: 12 and 13 November 2024

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	requires improvement to be good
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The children's home provides effective services that meet the requirements for good.

Date of last inspection: not previously inspected

Overall judgement at last inspection: not applicable

Enforcement action since last inspection: none

Inspection judgements

Overall experiences and progress of children and young people: good

Children have developed some positive relationships with staff. Children feel settled at the home and for some, this is the most settled they have been in a residential home. Social workers, children's families and other professionals reported positively about the care and support provided to children. Children have made progress while living in their home, such as the reduction in risk behaviour, improved school attendance and positive relationship building.

Children are listened to. Their views, wishes and feelings are captured through weekly aims and expectations meetings, key-work sessions and consultations. Initial progress has been made to engage children with talking therapy and assessment by the in-house therapist. She is involved in planning children's placements from the referral stage and involved in supporting children daily both in and out of the home.

The staff team monitors children's health to ensure that they access suitable support. When children refuse to attend health appointments, staff are proactive in finding other ways to encourage them to attend, such as through the local authority nurse and other safeguarding professionals. For one child, there is no record of a prescribed inhaler having been offered to the child or the child having refused to take the medication. Immediate action was taken by the manager to address this.

Children have had varied experiences of accessing education. Most children have made progress with their educational attendance, and they have an education plan individualised to their needs. However, one child does not attend their allocated school. The current approach between staff, educational professionals and the placing authority is ineffective and because of this, the child has yet to overcome barriers to engaging in their formal education.

Children are supported to spend time with their families and rebuild relationships with them. Children spend time with friends independently and they are supported to enjoy activities in line with their interests, such as artwork, music writing and singing. The staff team is focused on trying to engage children in more regular activities with staff, to help build up trust and to develop their relationships further.

The manager is in the process of developing a formal independence plan for children. In the interim, children are supported to develop their independence skills through preparing small meals, doing their laundry and accessing public transport independently. They are encouraged to keep their rooms tidy, and they personalise their rooms nicely to reflect their interests and identities.

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

Children feel safe in their home. Staff use direct work and keywork sessions to educate them to make safer choices. The sessions are purposeful and are focused on developing children's insight into the impact of risk behaviour.

When children move into the home, care and risk planning is effective. Impact risk assessments identify any shared risks for children and strategies to mitigate risks so that children can live safely with one another.

Children's individual risk assessments provide staff with clear expectations of the action they are required to take to safeguard children. Staff have a good understanding of supporting children who are at risk of self-injury or who struggle with their mental well-being. Children are supported to identify helpful coping mechanisms and because of this, children's incidents of self-injury have reduced.

Staff follow missing-from-home protocols and try to prevent children from going missing from the home. They are proactive in trying to locate and return the child. The staff team has good working relationships with missing-from-home project workers and the local authority complex safeguarding team. This enables them to monitor associated risks, such as child sexual exploitation and to explore the triggers to children's incidents of missing. Consequently, children's frequency of missing from home has reduced since moving into the home.

Staff support children to effectively deescalate their behaviour by using their training and understanding of individual children. This means that there has been no use of restraint. Consequences are rarely given to children. However, when they are used, they are proportionate and link to children's behaviour to help them make better choices in future.

There have been no reported allegations or complaints from children. That said, children know how to raise a complaint and staff understand their roles and responsibilities in managing and reporting any safeguarding concerns. Children also reported that there is no bullying in the home and any difference of opinion is dealt with quickly.

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

The manager's monthly audits and monitoring of records is not consistent. Some missing-from-home records do not include a clear and continuous chronology of the action that staff have taken to try and locate the child. In addition to this, one child's internal care plan does not contain up-to-date information about the child's care planning or the progress that they have made. Another child's placing authority care plan is not in place and the manager has not escalated this with the child's social worker to ensure that staff are following the correct plan. The manager recognised that she needs to use her audits more effectively.

The review of the location of the premises does not include any feedback from children or up-to-date views from safeguarding professionals about the local area or any known areas of risk. The manager works closely with external professionals and so this is a missed opportunity to educate children about keeping themselves safe during their independence time in the community.

The independent visitor provides a detailed monthly evaluation of the quality of care provided to children and they set appropriate recommendations to support improvement and development. However, they do not regularly obtain feedback from staff or children's families to provide additional scrutiny of the quality of care provided to children.

There have been some changes to the original team since the home became operational. However, new staff have settled in well and children spoke positively about them. The manager requires time to stabilise the staff team alongside the remaining core staff to ensure that children continue to be provided with continuity of care. The use of agency staff has been minimal.

The manager and deputy manager have worked collaboratively together to guide the staff team in their first few months together. They are positive role models and challenge staff practice when required. The home's development plan demonstrates that the manager has realistic and child focused goals to improve the quality of care and to embed her vision for the home.

The manager is organised in her oversight of staff's probationary period reviews, appraisal planning and training needs. Staff receive regular practice-related supervisions and support to guide their practice. Staff reported that they are well supported by the senior leadership team and they enjoy their roles.

Monthly team meetings take place and they are well attended. Additional team meetings are carried out to support the staff team when preparing for a child to move into the home. The manager focuses on a range of topics, including reviewing staff's knowledge of the quality standards and legislation. The in-house therapist also attends to offer the team consultation and to reflect on the support they provide to children.

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 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— understand the impact that the quality of care provided in the home is 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)) Specifically, the manager's monthly audits should evidence that they have effectively scrutinised incident records. In particular, children's missing-from-home records to ensure that there is a clear and continuous chronology of the action that staff have taken to try and locate and return the child.	26 December 2024
The registered person must maintain records ("case records") for each child which— include the information and documents listed in Schedule 3 in relation to each child; are kept up to date. (Regulation 36 (1)(a)(b)) Specifically, children's internal care plans should be updated in relation to changes to their plans and the progress that they have made.	26 December 2024

Placing authority care plans should be requested and when necessary, requests escalated so that children have up-to-date plans on their files.	
The registered person must review the appropriateness and suitability of the location of the premises used for the purposes of the children's home at least once in each calendar year taking into account the requirement in regulation 12(2)(c) (the protection of children standard). When conducting the review, the registered person must consult, and take into account the views of, each relevant person. (Regulation 46 (1) (2)) Specifically, the registered person obtains the views from safeguarding professionals and children living in the home about the area the home is situated and any areas of risk for children when they access the community.	26 December 2024
When the independent person is carrying out a visit, the registered person must help the independent person— if they consent, to interview in private such of the children, their parents, relatives and persons working at the home as the independent person requires. (Regulation 44 (2)(a))	26 December 2024

Recommendations

- The registered person should ensure that staff act as effective advocates for or on behalf of a child who may be experiencing difficulties with education or training matters including, but not limited to, attainment, admissions, attendance or behaviour, as a good parent would do. Specifically, working closely with other educational professionals and the placing authority to help the child work through their barriers to attending education. ('Guide to the Children's Homes Regulations, including the quality standards', page 28, paragraph 5.12)
- The registered person should ensure that all medicines are administered in line with a medically approved protocol. Records must be kept of the administration of all medication, which includes occasions when prescribed medication is refused. ('Guide

to the Children's Homes Regulations, including the quality standards', page 35, paragraph 7.15)

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: 2768400

Provision sub-type: Children's home

Registered provider: Brooks & Brooks Recruitment

Registered provider address: Hilton Jones Ltd, Hollinwood Business Centre, Albert Street, Oldham OL8 3QL

Responsible individual: Junior Brandford

Registered manager: Jade Andrews

Inspector

Cheryl Field, Social Care Inspector

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