

# 2787275

Registered provider: Achieving together Ltd

Full inspection

Inspected under the social care common inspection framework

## Information about this children's home

The home is run by a private company. It provides care for one child who may require support with emotional, behavioural and social difficulties.

The manager is registered with Ofsted and is working towards the required leadership qualification.

### Inspection dates: 2 and 3 October 2024

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| <b>Overall experiences and progress of children and young people, taking into account</b> | <b>good</b> |
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|                                                             |             |
|-------------------------------------------------------------|-------------|
| How well children and young people are helped and protected | outstanding |
|-------------------------------------------------------------|-------------|

|                                           |      |
|-------------------------------------------|------|
| The effectiveness of leaders and managers | good |
|-------------------------------------------|------|

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:** not applicable

## Inspection judgements

### **Overall experiences and progress of children and young people: good**

This is the home's first inspection since being registered with Ofsted in June 2024. The child living in the home has moved from a secure hospital, and since moving in has made some excellent progress in many aspects of their life.

The managers and staff managed the child's welcome into the home very well. The move, carried out over an eight-week period, included staff completing training to help them understand the child's extremely complex needs. The transition period also enabled the child to meet all the staff in advance, do activities with them, visit the home and design how they wanted their bedroom to be. This, along with the child's guinea pigs moving into the home with them, helped them to feel welcomed and respected, and to feel invested in the home. As a result of this well-planned transition, the child settled into the home very well.

The child has developed excellent relationships with a consistent, understanding, empathetic and caring staff team. The child described the staff as being 'like family' and said that they feel 'loved and cared for' by them. One professional said that this is the most settled the child has been in a long time. The positive relationships the child has developed with staff is providing them with a real sense of belonging, and it is giving them a secure base from where they can develop.

Staff, the home's clinical lead and an external multi-agency team of professionals meet the child's extremely complex physical, neurological and emotional health needs very well. Staff promote healthy living. They support the child to believe in themselves and to feel proud of who they are. Although the child's health conditions limit the number of social activities they can do, they are increasingly participating in new, positive experiences because of the persistence and encouragement of staff. For example, the child has been on a caravan holiday and has thoroughly enjoyed attending their first music concert.

There has been a delay in the child receiving any formal education since moving into the home. An interim measure to provide home tuition has been too slow to get up and running. While the manager has escalated this appropriately, including during the inspection, this has had limited impact so far. In the meantime, the staff are supporting the child to maintain structured daily routines and participate in focused activities such as arts and crafts and baking, in preparation for the formal reintegration into education.

Staff understand the importance of the child enjoying time with their family and friends and welcome them into the home. Distance has been no barrier to the child spending regular time with those who are important to them. This is helping to promote a more positive sense of identity for the child.

## **How well children and young people are helped and protected: outstanding**

The child feels safe because of the extremely positive and trusting relationships they have with staff. The child explained how staff are always there for them when they are upset, even if this is in the middle of the night. They also said, 'The way staff work with me, and find ways to work around issues rather than take things away, makes me feel safe.'

Comprehensive, detailed, and regularly updated risk assessment documents, understood and followed by staff, help to keep the child safe. Staff manage risk very well, in consultation with the specialist team of professionals involved and in consultation with the child. This enables the child to take proportionate risks in line with their development. This collaborative and multi-agency approach has resulted in reductions in the levels of restrictions in place for the child. It has also resulted in a significant reduction in serious incidents occurring in relation to aggression and self-injurious behaviours. Consequently, the child is so much safer.

Although the child has a significant history of going missing, resulting in significant harm, there have not been any incidents of them going missing since moving into the home. High levels of staff supervision and the staff's nurturing approach are significant factors in this being achieved. On the few occasions when the child has left the home, staff have followed, kept them in sight and supported them to return home promptly and safely.

Proactive behaviour management systems, which include the staff using an established therapeutic approach, incentives and restorative practices are highly effective. The child said, 'The staff ask me to do things, they understand I am not naughty, rather, they support me, talk to me and they don't judge me.' This approach is helping the child to regulate their emotions and, as a result, there has only been one occasion when staff have needed to resort to a physical intervention to prevent harm to the child and property. This is significant progress for the child.

The child knows how to make a complaint, and staff encourage them to do so if they have any concerns about their care. The child said that when they did make a complaint they were listened to, and that the manager responded to it appropriately. The manager took the complaint very seriously, investigating the concerns thoroughly and in consultation with the correct internal and external professionals. This resulted in a timely and proportionate response.

Recruitment practices are robust. Appropriate checks and scrutiny of any person who has applied to work in the home help to ensure that only those adults who are assessed as safe to work in the home do so.

## **The effectiveness of leaders and managers: good**

The manager and her deputy manager are enthusiastic and child-focused. They model high standards of practice and motivate staff, who share their ambition to make sure that the child living in the home has the best possible experiences and makes the best possible progress. Morale in the home is high and staff say that they love working here.

Effective pre-planning prior to the child moving into the home, in partnership with the local authority and health colleagues, has resulted in the child living in a home that meets their needs appropriately.

The management team members are very reflective. They use any incidents as a learning opportunity. The management oversight of all incidents is robust and debriefs take place with staff and the child to help understand the impact of practice and whether anything could have been done differently to reduce the instance of similar incidents occurring in the future. This reflective approach has been effective in this respect. There has, however, been one occasion, after a physical intervention, when the debrief with the child was carried out by someone who had been involved in the intervention. This limited the child's opportunity to share any concerns they may have had with someone independent of the incident.

Staff are well trained. All have completed a full range of training, including in relation to the home's chosen therapeutic approach, and bespoke training in respect of the child's highly complex specific needs. Consequently, staff understand the child's needs and meet them to a consistent standard. Since moving into the home, the child has received a further complex diagnosis. To help staff understand the implications of this, further training and individual clinical supervision for staff is scheduled to take place imminently. This is a positive development and is work in progress.

Core staff members attend regular and reflective team meetings, and they receive regular, good-quality supervision that assists them to reflect on the child's needs and the impact of their practice. The manager has very recently introduced systems to ensure that bank and regular agency staff also receive regular supervision. The manager now needs to embed this to ensure that every staff member receives a comparable level of high-quality support and oversight of their practice.

Monitoring systems, both internally and externally, provide managers and senior leaders with an effective line of sight in respect of the quality and impact of practice and the child's experiences and progress. This, and regularly obtained feedback from the child, is helping to promote continual improvements to practice in the home.

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

### **Recommendations**

- The registered person should ensure that any child who has been restrained should be given the opportunity to express their feelings about their experience of 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 5 days after the incident of the restraint. Children should be encouraged to add their views and comments to the record of restraint. Children should be offered the opportunity to access an advocacy support to help them with this. This is in relation to ensuring that the child has the opportunity, following a restraint, to be debriefed by an appropriate person who was not involved in the restraint. ('Guide to the Children's Homes Regulations, including the quality standards', page 49, 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:** 2787275

**Provision sub-type:** Children's home

**Registered provider:** Achieving together Ltd

**Registered provider address:** 26 Owen Close, Thorpe Astley, Braunstone, Leicester LE3 3TZ

**Responsible individual:** Patrick McCabe

**Registered manager:** Aleasha Cox

## Inspector

Rachel Griffiths, Social Care Inspector

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