

Inspection report for children's home

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Inspection date	15/11/2011
Inspector	Stephen Smith
Type of inspection	Interim
Provision subtype	Children's home

Date of last inspection	25/07/2011
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About this inspection

The purpose of this inspection is to assure children and young people, parents, the public, local authorities and government of the quality and standard of the service provided. The inspection was carried out under the Care Standards Act 2000 to assess the effectiveness of the service and to consider how well it complies with the relevant regulations and meets the national minimum standards.

The report details the progress made by the provider since the last full inspection, identifies any further strengths, any areas for improvement and makes judgements as outlined in the *Inspection of children's homes – framework for inspection (March 2011)*.

The inspection judgements and what they mean

Good progress	The children's home has demonstrated continued improvement in quality of care and outcomes for children and young people and where appropriate has addressed all requirements and the large majority of recommendations that were raised at the previous inspection.
Satisfactory progress	The children's home has maintained quality of care and outcomes for children and young people and where appropriate has addressed all requirements and the majority of recommendations that were raised at the previous inspection.
Inadequate progress	The children's home has failed to address one or more requirements and/or has not met the majority of recommendations and/or the quality of care and outcomes for children and young people have declined since the last full inspection.

Service information

Brief description of the service

This privately run children's home is registered to care for up to four young people, of either sex, aged from 11 to 17 years old. It is registered to care for young people whose primary needs arise from emotional or behavioural difficulties.

Progress

Since their previous inspection the service is judged to be making **satisfactory** progress.

At the last inspection of the home it was judged to be good overall.

Since the last inspection the home has partially addressed the two statutory requirements made and has met three of the recommendations. It has begun to address the fourth recommendation but has not fully met it. Outcomes for young people at the home are positive with staff members knowing young people well and working hard to address their identified needs.

At the last inspection, requirements were made regarding the recording of sanctions and physical intervention. Records of physical intervention were not structured in such a way as to record a description of any injuries received to the young person or any other person. They also did not include evidence that young person concerned and the person using the measure had been spoken to about the intervention and their views sought. Sanctions records did not include an evaluation of the effectiveness of the sanction.

In addressing this the manager has fully revised these records into one tamper-proof book that is structured in such a way as to include sections for all the required information. There have been no incidents of physical intervention since the last inspection and only one sanction. The record of this sanction was not fully completed. There was no recorded assessment of the effectiveness of the sanction and no evidence that the young person concerned had been spoken to about the sanction. Additionally, this omission had not been subsequently addressed by senior staff. This means that the opportunity for the young person and staff to reflect on and learn from the incident is limited which reduces the effectiveness of the measure.

The four recommendations made at the last inspection related to care planning, consent to administration of household medication and the children's guide.

The children's guide has been redeveloped to include full information for young people about who they can contact outside the home should they have concerns or worries. This helps improve their safety and well-being.

Young people's plans of care have also been developed and improved. They now set out broadly the action to be taken by staff members to help meet young people's needs. Staff members are well aware of young people's needs and how to meet them. Plans also now include a greater consideration of young people individual needs in terms of equality and diversity. Care plans consider any religious, racial, linguistic or cultural needs young people may have and allow for these to be addressed. This helps to underpin and improve the care provided.

The home has amended the forms it uses to record the consent, from the person with parental responsibility, for the administration of over the counter or household medication. Previously consent was gained generically but the forms now specify the medication for which consent is being sought. However, although these forms have been developed, the home has not yet gained consent from the appropriate people for the specified medication. This means that the home does not have enough information to protect young people from the potential risk of taking medication to which they may be allergic.

Areas for improvement

Statutory Requirements

This section sets out the actions which must be taken so that the registered person/s meets the Care Standards Act 2000, Children's Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must comply with the given timescales.

Reg.	Requirement	Due date
17B (2001)	ensure that sanctions records contain a record of the effectiveness of the measure and confirmation that the person authorised by the registered provider to make the record has spoken to the child concerned and the person using the measure about the use of the measure. (Regulation 17B (3) (f) (h) of the Children's Homes (Amendment) Regulations 2011)	30/11/2011

Recommendations

To improve the quality and standards of care further the service should take account of the following recommendation(s):

- ensure that staff are clear about where consent for medical treatment needs to be obtained. Specifically, that consent for is sought from people with parental responsibility for the administration each item of over the counter medication that may be given. (NMS 6.5)