Inspection report for children's home

Unique reference number	SC005041
Inspection date	22/09/2011
Inspector	Jacqui Gosling
Type of inspection	Full
Provision subtype	Children's home

Date of last inspection	22/12/2010

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 main strengths, any areas for improvement, including any breaches of regulation, and any failure to meet national minimum standards. The judgements included in the report are made against the *Inspections of children's homes – framework for inspection* (March 2011) and the evaluation schedule for children's homes.

The inspection judgements and what they mean

Outstanding: a service that significantly exceeds minimum requirements
Good: a service that exceeds minimum requirements
Satisfactory: a service that only meets minimum requirements
Inadequate: a service that does not meet minimum requirements

Service information

Brief description of the service

The home is registered to accommodate up to 10 young people with a range of disabilities including physical disability, learning disability and complex needs. The provision may be for either settled care or short-breaks.

Overall effectiveness

The overall effectiveness is judged to be **satisfactory**.

The key strengths of this service are the staff. They are enthusiastic and understand the complex needs of young people well. The staff take full account of the individual needs of each young person, while promoting positive outcomes for all young people. The staff focus on the individual and the home is highly child-centred. Parents, family member, social workers and schools speak highly of the service offered to the children and young people.

However, there are areas where the home needs to make improvements. For example, individual placement plans and care plans are not used effectively to plan, implement and evaluate care practice. Behaviour management records show that the home is not promoting positive reinforcement as stated in the Statement of Purpose. The Statement of Purpose provides detailed information regarding the care that is to be planned and provided. However, these procedures are not being implemented in the day–to-day running of the home and there is significant required information missing from this document. The leadership and management of the home are not providing staff with the supervision, appraisal or development opportunities required. Fire procedures and risk assessments are not sufficiently robust. There are deficiencies in the monitoring of the operation of the home. The Registered Manager has not completed the required qualification. The views of the child, the child's family and other professionals are not sought regularly. Information recorded in physical intervention records not always complete. Records of measures of control are not robust and do not always evidence that measure was fair or reasonable. The physical environment of some parts of the home is in need of refurbishment. Staff must record pharmacy shortfalls which impact on children's medication.

However, these shortfalls have minimal effect on children and young people as the staff are knowledgeable about their needs and work resourcefully and proactively with them to meet their individual needs.

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
4 (2001)	compile in relation to the children's home a statement of purpose which shall consist of a statement as to the matters listed in Schedule 1 (Regulation 4)	22/12/2011
34 (2001)	maintain a system for monitoring the matters set out in Schedule 6 at appropriate intervals (Regulation 34)	22/12/2011
27 (2001)	ensure that all persons employed receive appropriate training, supervison and appraisal (Regulation 27(4)(a))	22/12/2011
28 (2001)	maintain in respect of each child who is accommodated a record in a permanent form which includes the information, documents and records specified in Schedule 3 relating to that child, specifically the date and circumstances of any measure of control or discipline used on the child (Regulation 28(1)(a)Schedule 3 13)	22/12/2011
32 (2001)	consult the the fire and rescue authority to ensure adequate precautions are in place against the risk of fire. (Regulation 32 (1)(a))	22/12/2011

Recommendations

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

- ensure the home provides a comfortable and homely environment and is well maintained and decorated (NMS 10.3)
- ensure appointees to the role of registered manager who do not have the management qualification enrol on a management training course within 6 months and obtain a relevant management qualification with three years of their appointment (NMS 14.3)
- ensure the views of the child, the child's family, social worker and Independent Reviewing Officer are sought regularly on the child's care (unless in individual cases this is not appropriate) (NMS 1.4)
- ensure there is an environment and culture to promote models and support positive behaviour that all staff understand and implement (NMS 3.2)
- ensure sanctions and rewards for behaviour are clear, reasonable and fair and are understood by all staff and children (NMS 3.8)
- ensure there is a written record of all medication given to children during their placement (NMS 6.15)

- ensure where practicable, children are involved in the recruitment of staff in the home. (NMS 16.8)

Outcomes for children and young people

Outcomes for children and young people are **good**.

Outcomes for young people are good. Young people benefit from the opportunity to attend educational provisions, which are tailored to their individual needs. There is a good approach to promoting the physical and emotional health of young people and they are cared for in a warm, caring, nurturing environment with consistent boundaries. Young people are relaxed and interested in their surroundings. A young person commented that 'everyone is really nice and I have fun'.

Contact with parents or significant others is proactively encouraged. As a result young people benefit from appropriate contact with their family, friends and other people who are important to them. Parents, family, carers and friends are invited in to the home and some children spend time in the community in accordance with their care plans. The staff are effective in supporting the practical arrangements, such as setting up visits and support with travelling arrangements.

Health needs are well met. Children and young people have prompt access to doctors and other health professionals. Staff who are involved in delivering therapeutic interventions have appropriate training and expertise. This ensures that the care provided is effective in meeting the young people's complex health needs.

Individual dietary requirements for medical purposes are considered and provided for. For example, some young people need to be peg fed and staff are very thorough in following the procedures for storing and administering these meals. This ensures young people's health needs are well met. Recognising the limits of young people's complex health needs, staff encourage them to lead healthy lifestyle by creatively encouraging them to be active and encouraging them to have a healthy diet.

Quality of care

The quality of the care is **good**.

Young people enjoy positive and constructive relationships with staff. A parent commented that the child's face 'lit up when staff entered the room'. Staff use a range of communication methods to assist young people. Staff state positive behaviour is actively promoted, however, the behaviour management records show restrictions being imposed, rather than positive behaviour promoted.

Staff are clearly able to identify when parents have been involved in decisions; for example, decoration of young people's bedrooms. Equally, religious and cultural needs are reflected within children's care plans and staff were able to identify how individual children's needs are met. For example, young people are supported to

make choices and decisions which affect their lives. For example, what they wear, what they eat and where they want to go. The staff take innovative action to remove barriers to participation and belonging for all. They do this through symbol prompts and use of other communication systems specific used by young people. However, there is no formal system in place to ensure views, wishes and feelings of children or their parents or carers are taken into account in many aspects of their care. For example, ensuring discussions take place with parents or carers before children are taken on car journeys, which require them to be sitting for a long time and may impact on their health.

Young people's education is well supported and encouraged by staff. Regular educational reviews provide achievable and thoughtful targets which young people and staff understand. For example, the home and each school have a communication book, which the child takes to school everyday. This is a successful way for schools to keep the staff update on how the school day has been for the young person, if they need support in any area, or have homework. This means that young people's progress is regularly monitored to help them achieve their potential.

Complaints are addressed without delay and both young people and parents are aware of the complaint procedure. Parents say 'they know how to make a complaint' and a young person also commented that 'I would talk to staff if unhappy'.

Medication is managed well. Staff have appropriate levels of training to administer this in a safe and controlled way. Storage of medication is suitable. Staff are proactive in supporting young people when they need hospital care due to their complex needs and will visit them daily through out their stay. Staff are very competent and experienced in administration processes including recording of required information. Records are regularly and thoroughly monitored by staff qualified to administer medication, but the same detailed recording is not in place, when medication is returned. There are rare occasions when the pharmacy has not delivered all the prescription and a child can not have all their prescribed medication on a particular day. As the young people have complex health needs this is potentially dangerous. The staff have been proactive in addressing these lapses but the paperwork does not show this.

Young people enjoy a range of activities which they enjoy and provide physical and mental stimulation. For example, dancing or playing keyboard. There are a number of outings and holidays organised. For example, one young person has been supported by a charitable organisation to visit Florida this summer and he said he 'really enjoyed it'. Young people also enjoy spending time in the home's sensory room.

Safeguarding children and young people

The service is **satisfactory** at keeping children and young people safe and feeling safe.

Safeguarding is appropriately promoted. Notifications to agencies, such as Ofsted

and placing and local authorities are sent and provide full details of the actions taken to safeguard young people. Staff receive safeguarding training and guidance, and demonstrate a good knowledge of procedures. A placing authority social worker commented: 'the staff show they understand safeguarding practice well'.

Children and young people live in a supportive environment and are cared for by a resourceful staff team. Strategies are developed to support young people in managing their behaviour. However, some behaviour management plans place emphasis on taking away from young people rather than promoting positive behaviour. For example, restricting which room a young person can dance in. This could potentially cause young people to react negatively to the behaviour management strategies.

Staff work with young people in a creative and nurturing way. Staff understand the needs of young people and how to effectively reduce anxiety and stress. For example, the use of activity boxes calms young people and keeps them focused on the task within the box. Young people say they feel safe and are cared for well by staff.

Physical intervention is used only in circumstances which warrant such action. Staff interact and work with young people to reduce the potential for physical restraint. However, on some occasions details of measures of control are recorded within the record of restraint and not in the correct log. This means the measures of control log is inaccurate and does not comply with requirements. Sanctions are rarely used but when used are not always proportionate, reasonable or effective. For example, removing a young person's computer for up to two weeks is excessive. This is not positive behaviour management.

Young people do not go missing due to the high level of supervision and their complex health needs. Staff are clear about their responsibilities in reporting such incidents and refer to the current protocol for missing from home guidance to inform their practice.

Health and safety checks are regularly carried out and meet statutory guidance for ensuring the home is a safe place to live. Young people are aware of what to do in the event of a fire through periodic drills and evacuations. Staff complete risk assessments as appropriate and cover such areas as behaviour management and evacuation in the event of fire. Staff use these assessments effectively to work and care for young people safely.

However, the fire fighting equipment certificate was out of date and the equipment should have been checked in March 2011. According to risk assessments some young people would remain in their bedrooms if a fire occurred. However, two fire doors no longer self-close; they were observed to be stuck in a open position throughout the inspection. The fire service have not been asked by the manager to visit the home since 2003. This potentially puts children and young people and staff at risk as the initial fire risk assessment has not been reviewed since the home opened.

Leadership and management

The leadership and management of the children's home are **inadequate**.

The management and leadership of the home is inadequate. The Registered Manager has not completed required managerial training within timescales. There is no system in place to monitor or review how the overall quality of care is implemented and evaluated as required. Therefore, the management of the home are not fulfilling their role and cannot ensure that they deliver sound, good quality care that meets the individual needs of each child at the home.

Recommendations made at the last inspection have not been fully addressed. Firstly, in respect of ensuring sanctions are recorded in a separate dedicated bound and numbered book. However, this is no longer included in national minimum standards but sanction recording is still not robust. The other recommendation was to develop the recruitment process to include young people's observations of the applicant. No new staff commenced employment since this recommendation was made. Therefore, the recommendation is restated.

The home's Statement of Purpose sets out the basic principles and ethos of how services are organised and delivered to young people. However, the guidance detailed in the Statement of Purpose is not followed or implemented. For example, terms such as 'positive reinforcement' are used but not further described or explained, nor have staff had training in its principles. The number, qualifications and experience of care staff are not detailed. There are further errors of omission, for example, the arrangements made for child protection are missing. There are no details regarding the arrangements for contact between a child and his/her parents, relatives and friends as required. Therefore, parents, social workers and other professional agencies are not provided with accurate information regarding the operation of the home.

The arrangements for the supervision, training and development of employees are in adequate. For example, some staff have not had supervision since June 2011. There is no process in place for annual appraisal and staff development. Staff are not receiving training in approaches to disability apart from task centred techniques, such as 'manual handling' and some autism training. Therefore, potentially staff are not receiving the support and supervision they require to ensure that they are providing good quality care to the young people.

Equality and diversity practice is **good**.