

Inspection report for Children's Home

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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.

This report details the main strengths and any areas for improvement identified during the inspection. The judgements included in the report are made in relation to the outcomes for children set out in the Children Act 2004 and the relevant National Minimum Standards for the service.

The inspection judgements and what they mean

Outstanding:	this aspect of the provision is of exceptionally high quality
Good:	this aspect of the provision is strong
Satisfactory:	this aspect of the provision is sound
Inadequate:	this aspect of the provision is not good enough

Service information

Brief description of the service

This service forms part of the residential childcare services provided by an independent company. The service provides integrated packages of care, therapy and education to a maximum of six children with reactive attachment difficulties, aged five to 17 years. Typically the age range of the children living in the children's home is eight to 13 years.

The house is attached to the provider's school which some of the young people attend. Young people have single bedrooms and there are two staff sleep-in rooms. Young people have access to two lounges and a play room. There is also a garden at the rear of the property where young people can play.

Summary

The overall quality rating is satisfactory.

This is an overview of what the inspector found during the inspection.

This was an unannounced, full inspection and so all the key national minimum standards (NMS) were assessed. The inspection also assessed whether the registered persons had met the three recommendations made at the previous inspection on 16 June 2010.

At the time of the inspection, five young people were living in the children's home and each of them spoke individually to the inspector about the care they receive. All the young people and three members of staff also completed written surveys about the quality of care.

The quality of care is satisfactory. The Registered Manager and staff are effective at promoting the health of young people, and in helping them to enjoy and achieve in life. The team of staff receive good levels of training and they feel well-supported by the children's home management team.

However, there are a high number of restraints and these are not being recorded with adequate clarity. The reporting of monthly monitoring by external visitors is weak because the visitors do not adequately ascertain the views of young people, parents or staff about issues of concern. Young people are justifiably concerned that some of them cannot open their bedroom windows to get fresh air.

There are four actions and ten recommendations to address following this inspection.

Improvements since the last inspection

The three recommendations relate to the design of books used for recording restraints, the storage temperature of the refrigerator and the lighting in the ground floor rooms.

The security and accountability of recording restraints has improved because the recording books are now bound effectively.

Food storage is now safer because the record of daily checks shows that the temperature of food stored in the refrigerator is always less than the maximum safe storage temperature of six degrees centigrade.

The home is now more homely because the fluorescent strip lights have been removed and replaced by softer, domestic lighting. Therefore the three recommendations are met.

Helping children to be healthy

The provision is good.

The Registered Manager and staff provide young people with a variety of nutritional food. Young people help to select the menu at the start of every week and they each choose a favourite meal for the coming week. Most young people said they liked the food and one of them, who was happy about the overall quality of care, said one of the best things was the quality of the food. Other young people said 'the staff tell us to try the stuff' and 'they put fruit on show'. All the staff have received training in basic food hygiene and the Department of Environmental Health has awarded the food preparation facilities a rating of 'excellent'.

Young people's health needs are met effectively. For example, young people said 'if we are unwell the staff put us to bed and give us (paracetamol). If necessary we see the doctor'. Young people also receive support from external health professionals such as a specialist from the local child and adolescent mental health service, looked after children nurses, opticians, a podiatrist, dental professionals and therapists. However, the health needs of young people are not clearly described in young people's care plans. For example, the outcomes of visits to the dentist, or the practice that staff must follow as a result of advice from a health specialist are not always recorded in the health sections of plans. Additionally, to be aware of what a young person's health needs are means having to look in up-to-four documents.

All the staff receive training in the administration of first aid and medication. The staff record the administration of any medication to a young person in their case file. The recording is clear and comprehensive and this provides for good accountability. However, a second copy of the administration is not kept in a central medication log book in the children's home. This means if a young person leaves the home and their case file is transferred, the home no longer possesses a record of medication

administered to them. This contravenes legislation and results in weakened accountability.

Protecting children from harm or neglect and helping them stay safe

The provision is satisfactory.

The Registered Manager and staff promote the privacy of young people appropriately. Dignity is maintained at bath times and the staff knock and wait before being invited into bedrooms. Young people's valuables can be stored securely in the safe and details are recorded in each young person's case file. However, a central record of valuables deposited and given back is not maintained. This means if the young person's file is transferred elsewhere at the end of their placement, there is no record remaining on site. This weakens the accountability for such matters.

Young people frequently make complaints and often these are about members of staff. The Registered Manager and external agencies investigate these complaints and the overwhelming majority are without foundation and result in no further action. The recording format of complaints outcomes does not indicate clearly whether each complaint is upheld, partly upheld or not upheld. Given the reason why the complaint is made, this is particularly important. Additionally if complaint outcomes are unclear, it is more difficult to determine whether any further actions should be carried out.

All the young people feel they can talk to the staff about any worries they have. The staff receive training in safeguarding children's welfare and they are clear about how to respond appropriately to allegations, suspicions or evidence of abuse.

Most young people said they have been bullied or have seen bullying. However they said the staff dealt with it appropriately. For example, one young person said 'I filled in a complaint form' or 'the staff (two mentioned by name) help me'. Young people also receive a guidebook to bullying and what to do if it happens to them. Risk assessments do not adequately record the likelihood of each young person being bullied or bullying others. Given that young people say there is some bullying from time to time, and this is confirmed in monthly monitoring visits, the risk assessments do not therefore provide clear or comprehensive guidance for the staff.

Young people rarely go missing from the children's home and if it does happen it is only for a few hours. Young people are happy about the arrangements for example, one young person said 'I like the way the staff keep young people safe for example, if they go missing they get the police to look for them'.

The staff use rewards and negative consequences to help promote positive behaviour. The young people feel the staff treat them fairly. For example, one young person said 'the rules where we live are absolutely fair'.

The staff are frequently restraining young people and about half of these last for 10 minutes or longer. The staff only use restraint for appropriate reasons namely

protecting safety or prevention of serious damage to property. The staff warn young people before they restrain them. They record such occasions fully except they use technical jargon to describe the restraint used. This is a problem because there is no clear explanation of what the jargon, such as 'seated wrap' or 'single elbow hold', means and so there is weakened accountability.

All the young people said there were a lot of restraints but confirmed it only occurred for the right reason. For example, one young person said 'the staff try not to do it and only do it if we are going to hurt ourselves or someone else'. All young people expressed concerns about restraints that sometimes caused them pain or were uncomfortable. External agencies have investigated these matters and they have no concerns about the practices at the home.

The locks on toilets and bathrooms do not protect privacy adequately because their design means the locks can easily be opened from outside without the use of a key. Additionally at the time of the inspection an extractor fan in a bathroom without a window was not working and a bare electric wire was protruding from it. Although this meant poor ventilation, this was not a safety issue as the unit was out of reach of young people.

The premises are maintained in a safe condition. Professional technicians regularly service the electrical equipment, gas appliances and equipment for preventing, detecting and extinguishing fires. However, three recommendations that had been made at a fire service inspection in 2008 had not been met by the similar inspection in 2010. This indicates ongoing weakness in the fire protection arrangements.

Appropriate arrangements are in place to ensure that staff recruited to work with young people are suitable and safe. The staff maintain a record of all visitors to the home, their reason for visiting and they verify the identity of those they don't recognise.

Helping children achieve well and enjoy what they do

The provision is good.

The Registered Manager and staff are very effective at enabling young people to enjoy and achieve in life.

They enable young people to take part in a wide range of activities, and to take part in clubs and pastimes that they are interested in such as weekly clubs, ice skating, swimming and hip hop. Most young people have a bicycle and a full range of activities is planned each week.

Young people have excellent levels of achievement at school and their attendance is 100%. The staff receive daily handovers from school staff and this helps to provide good continuity of care. Young people say the staff help them with school work and they said 'we have enough space and the right things to do our schoolwork'. The staff also provide additional support to school staff when necessary. The young

people have a wide selection of books and games to choose from. However their computer has been out of action for several weeks. The young people miss this as they enjoy using it and find it useful. All the young people are members of the local library which enables them to have a variety of resources to assist in their education.

Young people also receive high levels of support for their individual needs from the staff. For example, one young person who was highly satisfied about the quality of care, said 'the best thing about the home is that the adults really help people'. Young people also receive good levels of support from professionals from external agencies such as the child and adolescent mental health service, looked after children nurses, podiatrists, orthodontists and therapists. The staff also undertake a risk assessment for the hazards that may affect young people. However, the assessment is not as robust as it could be because, although an overall rating of the hazard is recorded, there is no estimate of its likelihood or seriousness.

Helping children make a positive contribution

The provision is satisfactory.

The range of each young person's needs are described within a range of up-to-seven documents such as a care placement action plan, two health plans, a daily living plan, a contact plan, individual education plan and a positive handling plan. Such a large number of documents may account for why, as was found in relation to health plans, the documents are not always consistent with each other. This means the staff do not have clear information in those parts of the plan where it is required.

All young people said they are involved in meetings about their progress and future plans. The staff write an informative monthly summary of each young person's progress. The senior staff or Registered Manager update the plans as needs change.

The staff support young people to have regular contact with their friends and family. For example, one young person said 'I get to see my family and can see my mates from school and girl guides'. Contact arrangements are clearly recorded in a contact plan in each young person's case file. The staff also maintain contact with parents and relatives.

The arrangements for admitting and moving young people on from the home are robust. Before an admission decision is made, a comprehensive assessment of the young person's needs is undertaken. This considers the needs of the young person and also any effects their admission may have on the current group of residents. The staff then meet the young person, invite them to the home for two or three visits and give them important information in advance about the home and about the staff working there. The process helps to ensure an appropriate mix of young people live in the home.

The Registered Manager and staff enable young people to have a say in the running of the home and young people confirmed this in their surveys. For example, there are young people's house meetings every one to two weeks and the views raised

here are fed into the staff meetings. The meetings have an agenda and the minutes and decisions are recorded clearly. The meetings are effective in enabling young people, where possible, to do the things they want to do and to have their requests carried out. Young people also have regular one-to-one time with their key worker and all young people felt they could talk to the staff about any concerns they had. However, nobody is seeking the views of parents about the issues recommended in the national minimum standard. This means important feedback about the quality of care may be being missed.

As has been mentioned, over a period of 12 months and on an ongoing basis, the staff are frequently restraining young people and the young people are frequently making unfounded complaints about them. The staff are responding to very challenging behaviour. Such a high number of restraints is of concern and the Registered Manager and team recognise this. Nevertheless, the team are not being effective at setting and maintaining safe boundaries in relation to acceptable behaviour and so are having to restrain young people very often.

Achieving economic wellbeing

The provision is satisfactory.

The Registered Manager and staff help young people of all ages to gain skills and knowledge which will be useful to them when they are older and more independent. Young people said they are helped to be independent adding 'the staff let me go out with my friends' and another said 'they teach us to how to manage independence and help us'. The young people use their personal allowance for items of new fashions that they have chosen, and this helps to give them a sense of identity and a good idea of the economy.

The home is well maintained and is kept to a good standard. Young people have a lot of say with the colour and items they would like to individualise their rooms. The location of the home in which the children live meets the needs of the children who live there. It is convenient for schools, leisure facilities, transport and community facilities that are important to the development of the young people. The home has a large garden that the young people enjoy playing in and is safe and secure with plenty of space for them to play and enjoy. Young people like their bedroom. For example, one young person said 'I like my bedroom, it's fine, and I like how I've got paintings on the wall. The staff try their best to make it homely'.

However several young people expressed concern that their bedroom windows had been locked shut which meant they couldn't get fresh air when they wanted, especially when they are hot. One young person said 'the window locks make it feel like a prison'. The windows are being locked to promote children's safety, but this means the rooms have inadequate ventilation.

Organisation

The organisation is satisfactory.

The children's home has a written Statement of Purpose and the contents of this complies with the requirements of legislation. The young people also have a children's guide which they have helped to create. This contains useful information about the home, it is written in a child-friendly style and is given to each young person before they come to live in the home.

The staffing levels are good as there are always four member of staff on duty during waking hours and also a member of staff from the senior management team. All the management team are qualified to the National Vocational Qualification (NVQ) level four in care and management, and some care staff are also qualified to this level. However, the overall proportion of staff who have qualified to level three in the NVQ in care is 60%, whereas the recommended proportion is 80%.

The team of staff is varied in age and gender. Five new staff have been recruited in the last 12 months as three staff have left and another member of staff is due to leave shortly. The young people feel they know the staff well for example, one young person said 'we know the staff well, there are not lots of new faces'. Consistency of care continues from the school day into the evening because school staff complete daily handovers with the residential staff.

The senior management team in the children's home support the staff well, and the staff receive good levels of training. The company has a training department and has a comprehensive induction programme over a 6 month period that meets the requirements of the Children's Workforce Development Council. The company offers a wide range of National Vocational Qualification health and social care awards for all staff along with management courses. A training matrix is kept up to date that shows what training has been undertaken and when. Courses include safeguarding, first aid, food hygiene and attachment training. This is directly relevant to the care of young people at the children's home which directly involves working with children with attachment disorders.

Every month, an external person makes an unannounced visit to the children's home to monitor the quality of care. The monitoring covers a lot of issues, and the resulting reports are very descriptive and contain a lot of statistics. However the evaluation of very important issues such as behaviour management, complaints and the use of restraints is very weak and this has significance for the quality of organisational outcomes.

For example, over the previous five months there have been a high number of restraints and half of these lasted 10 minutes or longer. Yet the reports consistently do not record what the staff or young people think about this. Similarly, over the same period reports show that young people made many complaints against the staff and over half of these were referred to the local authority designated officer due to their seriousness. Again, the report does not mention what young people think about

this, and rarely comment on what the staff think about it. Additionally, the external visitors do not contact parents to seek their views about the quality of care.

Overall this means that shortfalls and concerns are not being monitored robustly and so there is less likelihood that issues will be put right in a timely manner.

Reports also show that, too often, recommendations made by the visitor are not being met. Some of these have significant potential impact on young people. For example, a recommendation to record the outcome of complaints and the complainant's response is repeated in several consecutive reports. Similarly, recommendations to keep the care placement plans and health plans up-to-date are often repeated. The failure to act on these recommendations is delaying improvement and impacting on the overall quality of care.

The Registered Manager also formally monitors the quality of care once a month. This monitoring covers the necessary issues, as required by legislation; it includes the views of young people, parents and placing authorities and it includes an action plan to address shortfalls.

Although the children's home is keeping information about young people in their case files, it is not keeping a second copy of the required information separately. This means if the young person's file is transferred when they leave the home, there is no longer a record kept in the house. This weakens accountability.

Information about young people is kept securely and young people are supported to know what is being written about them. For example, one young person said 'we can read our notes with our key worker and we can add our comments if we want to'.

The promotion of equality and diversity is good. Young people are being given many opportunities to learn about different cultures and religions. They receive plenty of one-to-one time with the staff, their views are sought and listened to, and there is a culture of considering each young person as an individual. For example, young people can follow the activities and leisure interests of their own choosing such as weekly clubs and ice skating. The staff enable them to attend church, they each can have their favourite meal once a week, and they can choose the décor and furniture of their bedrooms. Each young person has a memory book and the staff work with the young people to create positive memories of their life. This helps them to establish a firmer sense of identity as they grow older.

What must be done to secure future 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 Provider(s) must comply with the given timescales.

Std.	Action	Due date
22	ensure that within 24 hours of the use of any measure of restraint, a written record is made in a volume kept for the purpose which shall include a description of the measure used. In particular, the description must not be based solely on technical jargon (Regulation 17 (4)(c))	23/02/2011
24	ensure that all parts of the children's home used by children are adequately ventilated, in particular this relates to children's bedrooms and a bathroom (Regulation 31(2)(a))	31/03/2011
32	ensure that, as appears necessary, the person conducting the external visits interviews, with their consent and in private, the children's parents, relatives and persons working at the home in order to form an opinion of the standard of care provided in the home (Regulation 33(4)(a))	31/03/2011
34	maintain in the children's home those records required by legislation. In particular this relates to a record of the receipt, disposal and administration of any medicine to any child and a record of all valuables deposited by a child and the date of their return. (Schedule 4, Regulation 29 (1))	31/03/2011

Recommendations

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

- ensure that each child has a clear written health plan (within their placement plan) covering any specific medical or other health interventions which may be required and any necessary preventive measures. In particular this concerns the clear incorporation into the plan of any recommendations made by health professionals (NMS 12.2)
- assess, for each young person, the risks of them being bullied and bullying others (NMS 18.5)
- implement the recommendations made as a result of fire alarm service inspections are followed through (NMS 23.6)
- ensure that staff (not children) are able to open the doors to bathrooms, showers and toilets from the outside in case of emergency (NMS 25.6)
- ensure an appropriate risk assessment is made and recorded, in particular by recording an estimate of the seriousness and likelihood of those hazards which may affect young people (NMS 7.9)
- provide children with facilities that are conducive to study and to do homework in particular by the provision of a computer (NMS 14.5)
- unless inappropriate, ascertain on a regular and frequent basis the views of parents regarding those issues described in the standard (NMS 8.6)
- ensure staff employed at the home are able to set and maintain safe, consistent

and understandable boundaries for the children in relation to acceptable behaviour (NMS 21.2)

- ensure at least 80% of the residential staff have achieved the National Vocational Qualification in Care at Level 3 or its equivalent (NMS 29.5)
- ensure action is taken by the registered person on recommendations or issues of concern raised in the external visitor's monitoring reports. (NMS 32.3)