

SC007290

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This is a privately run children's home that provides care for up to four children with social, emotional and behavioural difficulties and mild mental health needs. There were four children living at the home at the time of the inspection.

The manager registered with Ofsted in 2007.

Inspection dates: 27 and 28 June 2022

Overall experiences and progress of children and young people, taking into account	requires improvement to be good
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How well children and young people are helped and protected	requires improvement to be good
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The effectiveness of leaders and managers	requires improvement to be good
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The children's home is not yet delivering good help and care for children and young people. However, there are no serious or widespread failures that result in their welfare not being safeguarded or promoted.

Date of last inspection: 11 January 2022

Overall judgement at last inspection: sustained effectiveness

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
11/01/2022	Interim	Sustained effectiveness
28/09/2021	Full	Requires improvement to be good
20/06/2019	Full	Good
07/08/2018	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: requires improvement to be good

The quality of the individualised care and support to children does not significantly improve their experiences and progress from their starting points. Social workers comment that children's placements are more for 'containment' and that some children are not thriving.

Children's learning outcomes are variable, as historically and currently they are not fully engaged in their education. As a result, some children's learning outcomes are not as positive as they could be. This was a highlighted weakness at the last inspection. Staff work with children and education professionals to promote children's learning. However, this is largely ineffective and most children do not make significant educational progress.

Staff encourage children to take responsibility for their own healthcare and to lead healthy lives. Children access primary healthcare services and specialist services. These include, for example, substance misuse programmes and counselling. Staff's medication practice requires improvement. Errors are noted in children's medication records. This does not demonstrate the safe administration of children's medicines.

Children share positive relationships with staff. They appreciate staff's efforts to meet their needs and staff's investment in promoting their well-being. One child said, 'I love my key worker so much, she humbled me. She pushed me to do good things I didn't want to do, but she told me that certain things don't define you. I'm living by that.'

Children are treated with dignity and respect, and largely in accordance with their placing authority's care plan. However, staff do not demonstrate or record well how they are meeting children's identity needs. This is despite some care plans identifying children's understanding of their cultural heritage as an area to be explored by staff.

Children's involvement with the home's services shows some improvement since the last inspection. Some children are still not engaging with the home's activities and programmes. Staff encourage children, and most are involved in the day-to-day decisions about their care. These include making choices about meals, bedroom decor and leisure activities.

Children know how to make complaints but largely do not do so. They prefer to speak with staff directly if they have concerns. When children make formal complaints, staff manage these appropriately and sensitively.

Older children are supported to develop practical daily living skills. These include completing household chores, meal preparation, shopping and attending to their

own personal care needs. Staff support children to access appropriate college courses and apply for jobs if they wish.

Children are welcomed into the home when they first arrive. Staff ensure that when children leave, they experience positive endings. For example, staff and children create memory books when children leave. These include photos and information which highlight children's experiences and their stay at the home.

How well children and young people are helped and protected: requires improvement to be good

Staff work hard to protect children from harm, abuse and bullying. Children confirm that bullying no longer happens at the home. The frequency of children going missing from the home remains extremely high. This was highlighted as an issue of concern at the last full inspection.

Records of action taken by staff when children are missing from the home show improvement since the last inspection. Staff take appropriate action in these instances. Staff work in close partnership with other professionals and children's family members to promote children's safe return home.

Children can identify trusted staff whom they can confide in and who take their concerns seriously. Staff work diligently with children to help them to understand the risks posed to them and how they can help to keep themselves safe. Risk assessments include strategies to help reduce risks. The quality of some risk assessments is poor, as they are not regularly reviewed or updated and so their effectiveness is limited.

Support plans identify that ongoing discussion with children and key-work meetings are essential in helping to limit children's risk-taking behaviour. However, records of key-work sessions do not demonstrate that these are taking place regularly or are having a significant impact in reducing the risks posed to children.

Staff promote children's positive behaviour and there are clear boundaries in place to help protect children from harm. Staff ensure that children understand these boundaries and that they are in place to help to keep them safe. Since the last inspection, there has been one restraint incident. Staff failed to produce records of this restraint. This does not confirm that the restraint was managed safely and appropriately or that managers had good oversight of staff's intervention.

There have been no allegations made by children against staff. Staff have access to child protection policies and procedures and they undertake safeguarding training. However, managers do not review the effectiveness of this training. Not all staff demonstrate a good understanding of the procedures for managing allegations against staff.

Conflict management strategies are effective, and children generally get on well with each other. When there are issues, staff manage these well. Children feel that when

staff impose sanctions, that these are fair. In one instance, a letter of apology was offered and accepted following an altercation between two children. Staff conduct room searches appropriately. These take place only if bedrooms are thought to contain materials that could cause children harm.

Children benefit from the good partnership working between staff, social workers and other safeguarding professionals. Communication is regular and effective. This supports the coordination of children's safe care. Staff share an appropriate relationship with local police teams. This helps to keep children safe.

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

The registered manager is also the home's responsible individual. The registered manager's recent extended absence from the home has had a negative impact on the effectiveness of its leadership. Management oversight and monitoring systems have not been strong. For example, there is poor oversight of the quality of some key records. These include medication records, care plans and risk assessments. Impact assessments consider risks posed to new children moving into the home but are not explicit in highlighting potential risks to the children already living at the home.

Leaders have high ambitions for the children in their care, however, in practice this is not well demonstrated. Social workers who spoke with inspectors share this view. Staff devise children's care plans. However, these are largely descriptive, are not evaluative and they fail to evidence changing need or the progress that children are making.

In some cases, key-work sessions are not held as regularly as expected and monthly progress reports are not always completed. These are missed opportunities to evidence the difference the home is making to children's lives.

Closed-circuit television (CCTV) is in operation both inside and outside the home. The scope of this surveillance requires review as staff are unable to justify its use with all children who are currently living in the home. In the past, managers have felt that the use of CCTV was necessary to effectively protect children whose behaviour was cause for serious concern. Most of these children no longer live at the home. The use of such surveillance is not conducive to a homely, nurturing environment.

Managers do not ensure that the home's premises are safe and secure. Some fire doors are not kept closed. This is not in accordance with safe fire prevention procedures. Staff do not have access to the upstairs bathroom from the outside if the door is locked from the inside. Fire drill records confirm that fire drills do not take place during the late evening. This does not ensure that children can practice evacuating the home quickly and safely when they are least expecting to do so.

Staff are very well supported by their line managers. Staff supervision is regular and meaningful, and managers conduct annual appraisals. Staff training, development and induction opportunities are good. This helps staff to improve the quality of care they provide to children.

The recruitment and vetting of staff are safe and robust. This ensures that staff are suitable to work with children.

Managers regularly provide social work students with work experience placements. This often provides children with additional opportunities to complete discrete pieces of work identified in their care plans.

Leaders and managers make good efforts to obtain feedback from children and other stakeholders about their view of the home and the quality of care provided to children. A clear strength of the service is staff's collaborative working with other professionals. Communication with professional networks is consistent and prompt, particularly if there are concerns for children's safety and well-being.

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, 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 education standard is that children make measurable progress towards achieving their educational potential and are helped to do so. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff— promote opportunities for each child to learn informally; help a child who is excluded from school, or who is of compulsory school age but not attending school, to access educational and training support throughout the period of exclusion or non-attendance and to return to school as soon as possible. (Regulation 8 (1) (2)(a)(v)(viii)) This refers specifically to staff adopting strategies to encourage children into school and to provide structure for learning opportunities during the school day if formal attendance is not occurring.	1 October 2022
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— lead and manage the home in a way that is consistent with the approach and ethos, and delivers the outcomes, set out in the home's statement of purpose; understand the impact that the quality of care provided in the home is having on the progress and experiences of each	1 September 2022

child and use this understanding to inform the development of the quality of care provided in the home; demonstrate that practice in the home is informed and improved by taking into account and acting on— feedback on the experiences of children, including complaints received; and use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(a)(b) (2)(a)(f)(g)(ii) (h)) This is with particular reference to leaders and managers ensuring that systems are in place to offer consistent practice, monitoring and review to improve the quality of key records. These include care plans, risk assessments, impact assessments, key-work sessions and monthly progress summaries.	
The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children's home. In particular the registered person must ensure that— a record is kept of the administration of medicine to each child. (Regulation 23 (1) (2)(c)) This relates to medication records being kept up to date and accurate.	1 September 2022
The protection of children standard is that children are protected from harm and enabled to keep themselves safe. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff— understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person. (Regulation 12 (1) (2)(a)(v)) This relates to staff's understanding of the procedures in place for managing allegations against staff.	1 September 2022

The registered person may only use devices for the monitoring or surveillance of children if— the monitoring or surveillance is for the purpose of safeguarding and promoting the welfare of the child concerned, or other children; and the monitoring or surveillance is no more intrusive than necessary, having regard to the child’s need for privacy. (Regulation 24 (1)(a)(d))	1 September 2022
After consultation with the fire and rescue authority, the registered person must— take adequate precautions against the risk of fire, including the provision of suitable fire equipment in the children’s home; ensure, by means of fire drills and practice at suitable intervals, that persons working at the home and, so far as reasonably practicable, children are aware of the procedure to be followed in case of fire. (Regulation 25 (1)(a)(d)) In particular that fire doors are kept closed and that some fire drills take place in the late evening.	1 September 2022

Recommendations

- The registered person should ensure that records of restraint are kept and should enable the registered person and staff to review the use of control, discipline and restraint to identify effective practice and respond promptly when any issues or trends of concern emerge. ('Guide to the Children’s Homes Regulations, including the quality standards', page 49, paragraph, 9.59)
- The registered person should ensure that bathroom doors can be unlocked from the outside if they are locked from within. ('Guide to the Children’s Homes Regulations, including the quality standards', page 15, paragraph, 3.10)

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: SC007290

Provision sub-type: Children's home

Responsible individual: Deborah Pacquette

Registered manager: Deborah Pacquette

Inspectors

Sandra Jacobs-Walls, Social Care Regulatory Inspector
Nhlanganiso Nyathi, Her Majesty's Inspector

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