SC008488

Registered provider: Halliwell Homes Limited

Full inspection
Inspected under the social care common inspection framework

Information about this children's home

This is a private children's home registered for up to eight children who may have emotional and/or behavioural difficulties.

The home offers education on site at a registered school.

The registered manager's post is currently vacant.

Inspection dates: 11 to 12 December 2019

Overall experiences and progress of children and young people, taking into account	**inadequate**
How well children and young people are helped and protected	inadequate
The effectiveness of leaders and managers	inadequate

There are serious and/or widespread failures that mean children are not protected or their welfare is not promoted or safeguarded and the care and experiences of children are poor and they are not making progress.

Date of last inspection: 5 December 2018

Overall judgement at last inspection: sustained effectiveness

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
05/12/2018	Interim	Sustained effectiveness
12/06/2018	Full	Good
20/02/2018	Interim	Improved effectiveness
26/04/2017	Full	Good
22/02/2017	Interim	Sustained effectiveness

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 health and well-being standard is that— the health and well-being needs of children are met; children receive advice, services and support in relation to their health and well-being; and children are helped to lead healthy lifestyles. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff help each child to— achieve the health and well-being outcomes that are recorded in the child's relevant plans; understand the child's health and well-being needs and the options that are available in relation to the child's health and well-being, in a way that is appropriate to the child's age and understanding; take part in activities, and attend any appointments, for the purpose of meeting the child's health and well-being needs; and understand and develop skills to promote the child's well-being. (Regulation 10 (1)(a)(b)(c)(2)(a)(i)(ii)(iii)(iv))	26/01/2020
*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— assess whether each child is at risk of harm, taking into account information in the child's relevant plans, and, if necessary, make arrangements to reduce the risk of any harm to the child;	31/12/2019

have the skills to identify and act upon signs that a child is at risk of harm; understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person; take effective action whenever there is a serious concern about a child's welfare; and are familiar with, and act in accordance with, the home's child protection policies. (Regulation 12 (1)(2)(a)(i)(iii)(v)(vi)(vii))	
*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; ensure that staff work as a team where appropriate; ensure that staff have the experience, qualifications and skills to meet the needs of each child; ensure that the home has sufficient staff to provide care for each child; ensure that the home's workforce provides continuity of care to each child; understand the impact that the quality of care provided in the home is having on the progress and experiences of each child and use this understanding to inform the development of the quality of care provided in the home. 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)(b)(c)(d)(e)(2)(f)(h))	26/01/2020
The care planning standard is that children— receive effectively planned care in or through the children's	31/01/2020

home; and have a positive experience of arriving at or moving on from the home. In particular, the standard in paragraph (1) requires the registered person to ensure— that children are admitted to the home only if their needs are within the range of needs of children for whom it is intended that the home is to provide care and accommodation, as set out in the home's statement of purpose; that arrangements are in place to— ensure the effective induction of each child into the home; manage and review the placement of each child in the home; and that each child's relevant plans are followed. (Regulation 14 (1)(a)(b)(2)(a)(b)(i)(ii)(c))	
No measure of control or discipline which is excessive, unreasonable or contrary to paragraph (2) may be used in relation to any child. The following measures may not be used to discipline any child— any form of corporal punishment; any punishment involving the consumption or deprivation of food or drink; any restriction, other than one imposed by a court or in accordance with regulation 22 (contact and access to communications), on— a child's contact with parents, relatives or friends; visits to the child by the child's parents, relatives or friends; a child's communications with any persons listed in regulation 22(1) (contact and access to communications); or a child's access to any internet-based or telephone helpline providing counselling for children;	31/01/2020

the use or withholding of medication, or medical or dental treatment; the intentional deprivation of sleep; imposing a financial penalty, other than a requirement for the payment of a reasonable sum (which may be by instalments) by way of reparation; any intimate physical examination; withholding any aids or equipment needed by a disabled child; any measure involving a child imposing any measure against another child; or any measure involving punishing a group of children for the behaviour of an individual child. (Regulation 19 (1)(2)(a)(b)(c)(i)(ii)(iii)(iv)(d)(e)(f)(g)(h)(i)(j))	
* 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— medicines kept in the home are stored in a secure place so as to prevent any child from having unsupervised access to them; medicine which is prescribed for a child is administered as prescribed to the child for whom it is prescribed and to no other child; and a record is kept of the administration of medicine to each child. Paragraph (2) does not apply to medicine which— is stored by the child for whom it is provided in such a way that other persons are prevented from using it; and may be safely self-administered by that child. (Regulation 23 (1)(2)(a)(b)(c)(3)(a)(b))	31/12/2019
The registered person must ensure that— within 24 hours of the use of a measure of control, discipline or restraint in relation to a child in the home, a record is made which includes—	31/01/2020

the name of the child; details of the child's behaviour leading to the use of the measure; the date, time and location of the use of the measure; a description of the measure and its duration; details of any methods used or steps taken to avoid the need to use the measure; the name of the person who used the measure ('the user'), and of any other person present when the measure was used; the effectiveness and any consequences of the use of the measure; and a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure; within 48 hours of the use of the measure, the registered person, or a person who is authorised by the registered person to do so ('the authorised person')— has spoken to the user about the measure; and has signed the record to confirm it is accurate; and within 5 days of the use of the measure, the registered person or the authorised person adds to the record confirmation that they have spoken to the child about the measure. (Regulation 35 (3)(a)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(b)(i)(ii)(c)(iv))	

* These requirements are subject to a compliance notice.

Inspection judgements

Overall experiences and progress of children and young people: inadequate

The home has not been managed in a way that is consistent with the aims and objectives that are outlined in the home's statement of purpose. Managers have failed to provide sufficient staffing to ensure that the workforce provides continuity of care for the children currently living in the home. As a result, some children's welfare, progress and experiences have been compromised.

That said, improved outcomes are notable for some children since the last inspection. For example, two children have left the home to go and live with their families, and another child moved to a foster placement. Transition plans are under way for another child to move to a foster placement in the new year.

Key documentation that would inform staff how best to care for children has not always been secured by managers or staff. Examples include children's education, health and care plans and speech and language therapy assessments. Consequently, there are gaps in the care provided to some children who live in the home.

Children's health needs are not consistently met. For example, a child told staff that he had a bump to his head after an inappropriate physical intervention. No medical advice was sought for this.

Poor practice in relation to the arrangements for the safe handling and administration of medication continues. Following a second medication error in September 2019, an action plan was put in place. This included that all staff undergo refresher training. Records show that not all staff have completed this.

A review of the medication records identified that staff have continued to make errors in the administration of medication. For example, staff have administered medication without signing to state which member of staff was involved. One medication sheet indicated that stock went from 20 tablets to 12 and then back up to 39 tablets. This discrepancy could not be explained by the managers.

One child's sensory needs have not been met. This is despite these needs being known at the referral stage. While plans to address these sensory needs are in place, including the provision of aids and approaches that would be beneficial to the child, such as picture exchange communication systems (PECS) and visual daily timetables, these initiatives have not been implemented by staff. Managers and staff acknowledged that they do not have sufficient training or insight into the child's additional needs.

How well children and young people are helped and protected: inadequate

Children's safety and welfare are compromised by the home's poor safeguarding practices and failure to follow child protection procedures. Managers and staff have failed to escalate concerns and refer disclosures to the appropriate statutory agency.

Physical intervention is used and, despite most staff having received suitable training, this intervention is not always appropriate. From a review of the home's internal records, it is apparent that some children have been subject to prolonged and multiple restraints by staff. For example, one child was held for 45 minutes and another child for a period of 30 minutes. On one occasion, a child was removed from their bedroom via a physical intervention, so that staff could continue with the physical intervention in another room in the home.

Some physical interventions have not been recorded by staff. For example, a member of staff went into a child's bedroom and removed the child from his wardrobe. This was not recorded as a physical intervention and falls outside of positive behaviour management guidelines.

Consequences and sanctions used are not always restorative; more often they are disproportionate and punitive. Measures have included children being 'grounded' and having 'time out' in their bedrooms. Staff said that they are no longer using these measures. However, they remain unclear about what consequences or behaviour management strategies they can use.

Managers have taken appropriate action in referring children's allegations about staff to statutory agencies. However, records of internal investigations do not provide a clear audit trail. For example, the records do not demonstrate that a child has been spoken to by their local authority social worker.

There have been no concerns in relation to children going missing from the home.

The effectiveness of leaders and managers: inadequate

Leadership and management arrangements for the home are weak. The home has been without stable leadership since July 2019, and this has had a negative impact on the staff team and children. As a result, staff have lacked the necessary oversight, guidance and support to care for the children effectively.

Staff lack the necessary skills and experience to care for the children living at the home. There have been numerous staff changes, and this has had a negative impact on the consistency and quality of care provided to children. For example, it was identified that 17 members of staff have left the home since June 2018. Eleven of these staff have stayed less than 12 months. This does not provide children with stable and predictable care from a consistent staff team.

Staff reported that they have serious concerns regarding the staffing levels at the home. They have worked long hours in order to cover shortfalls in the rota, and there is a reliance on agency staff. Staff said that they do not feel they can offer suitable care and supervision to the children. However, staff did say that things have started to improve in recent weeks since the arrival of the interim manager.

The supervision of staff is inconsistent. Staff do not receive a suitable level of guidance and support in order to care for the children effectively. Staff training records show that very few staff members have training in attachment, autism spectrum disorder or trauma to equip them with the skills and knowledge to meet the needs of all the children.

Information about this inspection

Inspectors have looked closely at the experiences and progress of children and young people. Inspectors considered the quality of work and the differences made to the lives of children and young people. They watched how professional staff work with children and young people and each other and discussed the effectiveness of help and care provided. Wherever possible, they talked to children and young people and their families. In addition, the inspectors have tried to understand what the children's home knows about how well it is performing, how well it is doing and what difference it is making for the children and young people whom it is trying to help, protect and look after.

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: SC008488

Provision sub-type: Children's home

Registered provider: Halliwell Homes Limited

Registered provider address: 1 Tape Street, Stoke-on-Trent ST10 1BB

Responsible individual: Judith James

Registered manager: post vacant

Inspectors

Michelle Bacon: social care inspector
Pauline Yates: social care inspector

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