

SC008488

Halliwel Homes Limited

Monitoring visit

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 home is currently operating without a registered manager. There is an acting manager in place, who has submitted his application to Ofsted.

Inspection date: 13 August 2020

This monitoring visit

This monitoring inspection was prompted by a number of notifications in relation to the safety of children received by the regulator, and an anonymous complaint associated with children's admissions to the home and staffing sufficiency. An urgent on-site visit on 13 August 2020 has addressed the concerns. The findings are set out below.

The individual needs of children had not been carefully considered as part of the matching process. The manager accepted a placement for a child without identifying and assessing their full range of needs or considering the impact on other children already living in the home. These factors were not considered throughout the matching and placement process. The process was not managed in a robust way and has left a child at risk of potential harm. A requirement in relation to impact and compatibility assessments of admissions was made at the previous monitoring visit and has not been met by the provider. This has now been escalated to a compliance notice.

The manager and staff are unable to identify, manage or minimise the risks posed to two of the children. Their risk management plans are of poor quality, with no

management oversight. These plans do not enable the staff to have a clear understanding of children's needs and vulnerabilities. Furthermore, these plans do not provide staff with effective strategies to enable them to keep children safe. Neither do they enable them to analyse the potential for these measures to restrict and deprive other children in the home of their liberty, and how this would be managed.

The arrangements for the administration of medication to one child were not robust. There have been errors in the recording and handling of medication, and where a child has self-administered medication, an assessment has not been undertaken. This represents a failure to follow the home's own policies and procedures for the handling, recording, safekeeping and safe administration of medicine. For one child their health records are unclear, and staff have failed to seek medical advice or attention in relation to a recurring illness. A compliance notice has been served in relation to the health and well-being of the children.

Staff have not followed the home's safeguarding policy in relation to lone working. When the inspector spoke to staff, they demonstrated an inconsistent understanding of safe practice while lone working with children, and the procedures they should follow.

There has also been no direct work completed with children about road safety, despite one child having a history of this risk. There have been incidents of the child running in the road since being placed at the home.

Rotas are not in line with regulatory requirements. They do not evidence staffing sufficiency in line with some children's plans. One child is on a 1:1 staff ratio. Following a recent incident, a senior manager recorded that when the child is out in the community, they require 2:1 staff ratio. The rotas do not reflect this, nor is it updated in the child's risk assessment.

Some of the records for the use of restraint are poorly recorded and do not meet regulatory requirements. There are no details of who has completed the hold, times of restraint or other details required, including signatures from staff and children involved. Managers have failed to analyse the effectiveness of the measures used. On occasions, debriefs with staff and children have not been conducted. Furthermore, where these have taken place, there is no staff reflection or learning recorded and records do not evidence the child's views or any discussions that have taken place. The manager has failed to address this in the records or in his management oversight to rectify this failing.

For one child, there had been no use of restraint for a few days, in contrast to previously where staff had been required to use restraint two to three times a day. The manager highlighted this being an achievement for this child, and that this demonstrated progress being made.

The manager has not used team meetings effectively, to address specific lessons learned. For example, the manager told the inspector that he had discussed acceptable language used with children, and procedures for notifying other professionals following an allegation. However, there are no records of these conversations having taken place at the meeting. That said, the inspector spoke with some staff about their knowledge of allegation management and they demonstrated a safe understanding of the procedures associated with managing allegations.

Children were observed happily playing on their bikes outside, with staff supervision, on the inspectors' arrival at the home. Children appeared relaxed while spending time with staff and each other. They were at ease, approaching staff for hugs throughout the day. Some of the children were getting ready to go out for the day, as this was during the school holidays. The children were happy to introduce themselves and were eager to find out why the inspectors were visiting the home.

Children told inspectors that they were happy living at the home, they felt safe and they got on with other children living in the home. A social worker stated: '[Name of child] has told his independent reviewing officer that he is happier here. There have been far less incidents of physical intervention and attacking staff at this home. There were two to three incidents a day at the previous placement.'

During discussions with other professionals, one social worker said: 'Staff have a really good understanding of [Name of child's] needs and I am impressed with their level of understanding in relation to trauma.' Another social worker commented: 'I feel [Name of child] is safe, and he feels safe, as he says it.'

The rest of the requirements raised at the last full inspection and previous monitoring visit were not looked at during this visit. Therefore, they remain as requirements and recommendations until the home's next inspection, when compliance with these regulations will be considered.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
20/02/2020	Full	Good
11/12/2019	Full	Inadequate
05/12/2018	Interim	Sustained effectiveness
12/06/2018	Full	Good

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
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; 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;	03/04/2020

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 ensure that all employees— undertake appropriate continuing professional development; receive practice-related supervision by a person with appropriate experience; and have their performance and fitness to perform their roles appraised at least once every year. (Regulation 33 (4)(a)(b)(c))	03/04/2020
The registered person must maintain records ("case records") for each child which— include the information and documents listed in Schedule 3 in relation to each child; are kept up to date; are signed and dated by the author of each entry. (Regulation 36 (1)(a)(b)(c)) In particular, the registered person should ensure that copies of young people's local authority care plans and relevant documents are on file.	03/04/2020
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;	15/09/2020

(Regulation 10 (1)(a)(b)) * Specifically, children have not received medical treatment in line with what has been prescribed by a doctor, self-administration risk assessments have not been completed or further treatment sought when a child expressed additional health concerns.	
The positive relationships standard is that children are helped to develop, and to benefit from, relationships based on— mutual respect and trust. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff— meet each child’s behavioural and emotional needs, as set out in the child’s relevant plans; help each child to develop socially aware behaviour; encourage each child to take responsibility for the child’s behaviour, in accordance with the child’s age and understanding; help each child to develop and practise skills to resolve conflicts positively and without harm to anyone; (Regulation 11(1)(a)(2)(a)(i)(ii)(iii)(iv)) Specifically, some children have not completed direct work and debriefs following incidents, to establish their views, feelings and wishes.	13/10/2020
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;	15/09/2020

help each child to understand how to keep safe; understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person; are familiar with, and act in accordance with, the home's child protection policies; that the home's day-to-day care is arranged and delivered so as to keep each child safe and to protect each child effectively from harm. (Regulation (12)(1)(2)(a)(i)(ii)(v)(vii)(b)) Specifically, staff have not followed the home's policy in relation to lone working and direct work has not been completed with children to address risk factors, eg road safety.	
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;	13/10/2020

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)(b)(c)(d)(e)(g)(ii)(h)) Specifically, rotas are not in line with regulatory requirements and do not evidence staffing sufficiency in line with some children's plans or needs. Equally, the manager lacks oversight of risk assessments and fails to deliver to team meetings lessons learned following serious incidents.	
The care planning standard is that children— receive effectively planned care in or through the children's 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. (Regulation 14 (1)(a)(b)(2)(a)) * Specifically, when admitting children to the home, that consideration is given to suitable matching of children, impact on other children living in the home, staff skills and knowledge to meet children's needs and environmental factors that may impact on children's behavioural risks.	15/09/2020
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—	15/09/2020

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))

Specifically, some restraint records are not completed in line with regulatory requirements, do not demonstrate clear debriefs with children or staff and do not have a thorough management analysis to be able to identify lessons learned.

*These requirements are subject to a compliance notice.

Recommendations

- Staff should encourage an enthusiasm for positive behaviour through the use of positive behaviour strategies in line with the child's relevant plans. ('Guide to children's homes regulations including the quality standards', page 39, paragraph 8.13.) In particular, key-working sessions should be planned and in accordance with the child's identified needs.
- Staff should be familiar with the home's policies on record-keeping and understand the importance of careful, objective and clear recording. Staff should record information on individual children in a non-stigmatising way that distinguishes between fact, opinion and third-party information. Information about the child must always be recorded in a way that will be helpful to the child. ('Guide to children's homes regulations including the quality standards', page 62, paragraph 14.4.) In particular, that staff record the work they complete with children as requested by therapists, so that children's progress is maximised.

Information about this inspection

The purpose of this visit was to monitor the action taken and the progress made by the children's home since its last Ofsted inspection.

This inspection was carried out under the Care Standards Act 2000.

The inspection was completed on-site, with inspectors following government guidance in relation to Covid-19 (coronavirus.)

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, Cheadle, Stoke-on-Trent, Staffordshire ST10 1BB

Responsible individual: Karen Mitchell-Mellor

Registered manager: Post vacant

Inspectors

Cheryl Field, social care inspector
Jessica Forshaw, social care inspector

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