

SC008600

Registered provider: New Horizons (Stockport) Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This privately owned and run home provides care for up to six children who may experience emotional and/or behavioural difficulties.

The registered manager has been in post since 2008.

Due to COVID-19 (coronavirus), at the request of the Secretary of State, we suspended all routine inspections of social care providers on 17 March 2020.

We last visited this home on 18 November 2020 to carry out a monitoring visit. The report is published on the Ofsted website.

Inspection dates: 17 and 18 August 2021

Overall experiences and progress of children and young people, taking into account **good**

How well children and young people are helped and protected **good**

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

The children's home provides effective services that meet the requirements for good.

Date of last inspection: 26 November 2019

Overall judgement at last inspection: requires improvement to be good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
26/11/2019	Full	Requires improvement to be good
03/10/2018	Full	Good
26/09/2017	Full	Good
21/03/2017	Interim	Sustained effectiveness

Inspection judgements

Overall experiences and progress of children and young people: good

At the time of the visit, six children were living at the home. Most of the children have lived at the home for a considerable length of time and are making progress relative to their starting points. One child said, 'I like it here. The staff have encouraged me to do things and I have learned lots of skills.' The child went on to tell the inspectors about working part time in a local restaurant, which has resulted in him being offered a catering apprenticeship.

Despite the best efforts of the staff team, one child's placement ended due to the escalation of risk. During this relatively short placement, staff showed resilience and determination in responding to some extremely challenging behaviours. Frequent meetings involving a range of professionals were held to consider alternative approaches to helping the child to accept his placement. When all options were exhausted, the manager served notice and worked with the placing authority to support a move to a more suitable placement.

Staff recognise and promote the importance of education and training. Individualised arrangements are in place, with five children attending community based schools and colleges. Due to circumstances beyond the control of staff, it has been difficult to secure a permanent college or work placement for one child. It is important that the staff are creative in identifying a structured programme of learning to maximise the child's potential. This is also applicable to the child's recreation time, which is affected by the same barriers to participation.

The staff are friendly, caring and committed to the children in their care. Children are relaxed in the company of staff, having established positive and trusting relationships over time. The staff demonstrate a good understanding of children's individual needs and are responsive in their efforts to meet these.

Staff support children to maintain, rebuild and improve relationships with their parents and relatives. For some children, this is a very complex picture that staff sensitively manage in the least intrusive way possible.

Children are encouraged and supported to develop basic life skills. They regularly cook with staff, do their own laundry and are responsible for cleaning their bedroom each week. In preparation for adult life, some of the older children are given their own budgets to buy groceries, and they cook their own meals.

One child is benefiting from living in the annex, which provides a good resource for young people to learn how to live with reduced support. A social worker wrote: '[Name of child] has made significant progress, especially since moving into the annex. He has his own space but can go across and mix with the others when he wants. Behaviours and risks have reduced significantly since being at the home.'

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

Children say that they feel safe at the home and can talk to trusting adults if they have any issues or concerns.

Staff are committed to maintaining the safety and well-being of children. Incidents of a safeguarding nature, such as missing-from-care episodes, are responded to quickly. Multi-agency meetings involving the child's placing authority and the police have been held when required. Although strategies to reduce episodes of children going missing from care have been ineffective for one child, this has ensured a multi-agency approach and has enabled the manager to escalate concerns.

Individual risk assessments capture children's known risks and the strategies for staff to follow. For example, there are suitable measures in place for monitoring children's use of mobile phones and strategies for minimising online risks. Children are mostly compliant with handing their mobile phones in at night and allowing checks to be undertaken by staff. This is helping children to stay safe.

Children's risks are known by staff. Staff know what to do when children present behaviours such as being under the influence of alcohol or substance misuse. Effective strategies are in place, such as seeking medical advice and carrying out regular welfare checks. However, records pertaining follow-up work were found to be incomplete. This makes it difficult to determine how staff have contributed to the reduction in such behaviours.

Restrictive physical intervention is only used when other methods of de-escalation have failed. Records indicate that the holds applied were necessary and proportionate to keep the child and others safe.

The use of individualised incentive schemes for children are working well. Rewards such as additional pocket money and takeaways can be earned by children achieving their agreed incentive targets. Consequently, incidents of challenging behaviour have reduced with children generally responding positively to boundaries and expectations.

Children living at this home present with behaviours and risks that require limitations on their free time. This is set out clearly in each child's plan, which staff understand and implement. It is positive that children see this as a mechanism of support and protection and generally adhere to expectations.

There are safe recruitment processes to ensure that any person employed to work at the home does not present any known safeguarding risks to children.

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

The manager is suitably experienced and qualified. She is supported by very experienced staff, most of whom have worked at the home for several years. This stability in the team contributes to children receiving good continuity of care overall.

Records confirm that not all staff are receiving regular formal supervision. For those staff who have had supervision, the records are mostly of poor quality, do not reflect any purposeful discussion, and several are not signed. Although staff feel supported by the manager and each other, a failure to prioritise staff supervision is a missed opportunity to reflect and identify any necessary support during a particularly challenging few months.

The manager has positive relationships with the children. Staff describe her as being 'hands-on' when children are at their most challenging. The need to focus on the demands of one child has resulted in a reduction in the quality of some monitoring activity. This is mainly record based. For example, the manager has failed to identify the absence of records such as incident follow ups, and some records, such as risk management plans, require additional information to make them more purposeful. Furthermore, there is a need to better organise records to ensure that they can be accessed quickly when required.

Staff access a range of training opportunities to enhance their knowledge and skills. However, it is important that the manager assures staff learning. This is not custom and practice as a small number of staff are not confident in their understanding of allegations management. Although this has not been an issue, the potential to get things wrong presents as a potential risk to children and any ensuing investigation.

Some staff have not received training in working with children who display sexually harmful behaviour, despite most children having this in their referral information. Fortuitously, repetition of incidents of concern are rare. However, this is a major training need for all staff, and is an area of training that should be prioritised now that face-to-face training is more accessible. In addition, staff would benefit from training in working with children who self-harm. This would further equip staff to understand the complexities of such behaviours.

Suitable action has been taken to address five of the six requirements and the two recommendations made at the last visit. One requirement remains outstanding. This relates to the six-monthly review of the quality of care. Positively, there has been an improvement in the representation of children's views. However, this process and the subsequent report continue to lack evaluation and do not provide an overview of what needs doing to improve the quality of care.

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, the 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 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— help each child to understand how to keep safe. (Regulation 12 (1) (2)(a)(ii)) Specifically, ensure that children's records demonstrate the post-incident work that has been completed to address risk-taking behaviours, such as episodes substance misuse and children going missing from care.	23 September 2021
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— use monitoring and review systems to make continuous improvements in the quality of care provided in the home. The leadership and management standard monitoring. (Regulation 13 (1)(a)(b) (2)(h))	23 September 2021
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	23 September 2021

promotes their welfare. In particular, the standard in paragraph (1) requires the registered person to— ensure that staff have the experience, qualifications and skills to meet the needs of each child. (Regulation 13 (1)(a)(b) (2)(c)) Specifically, prioritise training for staff in working with children who display sexually harmful behaviour and self-harm. In addition, ensure that safeguarding training is refreshed for those staff who do not display a suitable knowledge of allegations management.	
The registered person must ensure that all employees— receive practice-related supervision by a person with appropriate experience. (Regulation 33 (4)(b))	23 September 2021
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; and are signed and dated by the author of each entry. (Regulation 36 (1)(a)(b)(c))	23 September 2021
In order to complete a quality of care review the registered person must establish and maintain a system for monitoring, reviewing and evaluating— the quality of care provided for children. After completing a quality of care review, the registered person must produce a written report about the quality of care review and the actions which the registered person intends to take as a result of the quality of care review ('the quality of care review report'). (Regulation 45 (2)(a) (3)) Specifically, ensure that the quality of care review is purposeful, and that the report is evaluative and used to improve practice.	23 September 2021

Recommendation

- The registered person should provide a structured programme of support, in both education and recreation time, which takes into consideration the barriers to participation for the child and helps them to overcome these. ('Guide to the children's home regulations including the standards', page 31, paragraph 6.4)

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: SC008600

Provision sub-type: Children's home

Registered provider: New Horizons (Stockport) Limited

Registered provider address: 154 Buxton Road, High Lane, Stockport, Cheshire SK6 8EA

Responsible individual: Bharati Parikh

Registered manager: Maria Simmons

Inspectors

Paul Scott, Social Care Inspector

Michael Charnley, Social Care Inspector

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