

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 outcome for children set out in the Children Act 2004 and relevant National Minimum Standards for the establishment.

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

A national charity owns and operate this children's home. Short break and respite care is provided for children and young people with disabilities up to the age of 18 years. The centre offers a range of services from day care to overnight and weekend stays. Up to six children and young people can be cared for overnight.

The home has previously undergone an extensive refurbishment programme and has been adapted and equipped to meet the needs of the children and young people. The accommodation consists of a number of single and double bedrooms, communal areas, hydrotherapy pool and sensory room and well equipped bathroom facilities. To the rear of the property is a large secure garden which backs onto a local recreational area.

Summary

The purpose of this visit was to conduct an unannounced inspection of all of the key National Minimum Standards for Children's Homes. Some additional standards were also inspected.

The overall standard of care for the children and the young people at the home is satisfactory. Some aspects of how the home promotes the welfare of the children and young people is good.

Parents and stakeholders indicate that they are very happy with the care that is provided to the children and young people. Parents advise that their children look forward to and enjoy going to the home and that the home provides a welcome break for them and the rest of their family.

The care of the children and young people is provided by a multi disciplinary team consisting of residential care workers and qualified nurses. This enables the home to provide care for some children and young people who have complex medical needs. The nurses ensure that medical protocols and interventions are consistently adhered to. Staff are given training and advice on how to provide invasive medical procedures and to administer medication.

Staff are committed to providing a safe environment for the children and have good awareness of their roles and responsibility in safeguarding the children and young people with disabilities. The management of the behaviour within the home is good. Measures of control are rarely used. There are some inconsistencies in the recording of physical interventions.

Staff develop a good understanding of the children and young people in their care. They are resourceful and are very good at finding ways to engage and communicate with those who have little or no verbal communication. Each of the children and young people have a clear and easily understandable placement plan titled 'My Profile', which specifies how Sycamore House will care for them in accordance with his or her assessed needs. This is an excellent multifaceted recording tool that is completed in consultation with the children and young people's families. All admissions to the home are planned. The gradual introduction to the service helps the children and young people to become familiar with the home and project staff and helps to relieve some of the anxieties experienced by some of the parents.

The accommodation has been specifically adapted and equipped to meet the complex needs of children and young people with disabilities.

Parents and carers are provided with comprehensive information about the home and the services it provides. Staffing levels are good and are adjusted to meet individual medical and social needs. There are some inconsistencies in how the home is managing its staff development. There are a number of staff who are unable to take on specific responsibilities or take an active part in physical intervention as they have not undertaken or are current with some of their mandatory training. There are inconsistencies in the frequency of supervision being provided to some staff. Nursing staff do not receive supervision relating to their social care duties and responsibilities. Systems are not in place to effectively monitor the performance of the home against its statement of purpose, and for routine consultation with parents and other interested parties on the quality of care being provided by the home.

The overall quality rating is satisfactory.

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

Improvements since the last inspection

This section reports only on improvements relating to the actions recommendations set at the previous inspection. The home has acted on the action and two of the recommendations made following the social care inspection undertaken in February 2009. The home has taken steps to ensure that all of the home's fire equipment is serviced. A record is kept of the meals being provided by the home and a simulated night time emergency evacuation has taken place.

Helping children to be healthy

The provision is good.

The children and young people enjoy healthy food that meets their dietary needs. Menus are drawn up following a consultation between the designated person (shift leader) and the cook. The designated person has knowledge and/or access to information regarding children and young people's individual dietary needs, and about foods that they like or dislike. There is the facility to provide special diets based on medical or cultural needs if required. Menu planning is adventurous and shows a good variety.

The home has a suitably equipped domestic style kitchen in which all meals are prepared. Food shopping is with local suppliers and the home makes good use of fresh fruit and vegetables. There is an emphasis on home baking. The home's cook is responsible for preparing the main evening meal and all others are prepared by members of the residential project staff. Food hygiene is part of the mandatory training expected to be undertaken by all staff. A number of staff have not undertaken their initial training and others have not had this refreshed within stated timescales. Consequently, there are occasions when very few of the staff on duty are current with their food hygiene training.

The residential project staff have their meals with children and young people and these were seen to be orderly occasions and provide an opportunity for socialisation and interaction to take place. The children and young people are encouraged to feed themselves. However staffing levels ensure that individual assistance is available for those who require assistance with feeding. Staff are provided training by members of the nursing staff to assist those children and young people who receive their food via a gastrostomy.

Given the respite nature of the service that the home provides, it remains the parent's and carer's responsibility to ensure that their children and young people access medical, dental and health services. A number of the children and young people have complex medical needs and

require high levels of medical supervision and support. The home has a multi disciplinary team including a number of nurses. Their rotas are arranged to ensure that the children and young people's individual medical needs are fully and consistently met during the periods that they are staying at the home. Full details of the children and young people's individual medical interventions and protocols and how these are to be delivered are comprehensively recorded in their individual placement plans. Each of the children and young people also have a travelling file which accompanies the children and young people on any occasion that they are away from the home. These files contain comprehensive medical information and this arrangement ensures that this can be immediately accessed in the case of an emergency.

The children and young people's medical welfare is safeguarded by the home's policies and procedures for administering medicines and providing treatment. There are established systems in place for the safe storage, administration and recording of prescribed and non-prescribed medication. Prescribed medication is not routinely held by the home and is sent in by parents and carers for the periods of time that the children and young people are staying at the home. There are systems in place to ensure that the home can obtain further prescribed medication in the case of an emergency. The home carries a small stock of non-prescribed medication and there are appropriate stock control measures to monitor this.

The project nursing staff provide training and assess the competency of the residential care staff to provide invasive medical procedures and to administer medication.

First aid training is a part of the mandatory training that all of the project staff are expected to undertake. A majority of staff have undertaken this training, which along with the availability of the nursing staff and the close proximity of the local accident and emergency department, ensures that the children and young people are able to receive prompt first aid treatment if required.

Protecting children from harm or neglect and helping them stay safe

The provision is good.

Staff show a respect for the privacy of the children and young people and for maintaining appropriate levels of confidentiality. A number of the children and young people require some level of assistance with their personal care. Information is obtained from parents and carers on how this should be delivered. Details of the personal intimate and personal care required and how is to be provided is recorded in the children and young people individual plans. There is an expectation that all of the project staff will deliver personal care. They are provided with guidance and are able to develop the skills and competency before they take on this responsibility. The provision of a cordless phone enables those children and young people who do not require assistance to make or receive a telephone call and to speak to their parents and carers in private if they wish.

The home's procedures for dealing with formal complaints are in line with guidance provided by the charity. Information on how parents and significant others can raise concerns is included in the home's statement of purpose. They are routinely reminded of this process during meetings at the home. There is expectation shared by the staff and a number of parents that most issues can be dealt with quickly and informally. The few formal complaints made to the home are recorded in a logbook. This shows that the last complaint received by the home was in May 2009. In line with procedures this has been passed onto a member of the charity's senior

management team to respond. The complainants have only recently been advised of the outcome of their complaint. It is unclear how these complaints have been processed and the reasons why they have not been completed within reasonable timescales.

A number of the children and young people receiving respite at the home have little or no verbal communication. Some use alternative communication systems and for some, communication is limited to pointing, facial expressions and head movements. Consequently, the ability for some children and young people to register concerns or complain about being unhappy is extremely limited. However, staff build up a good understanding of the children's and young people's moods and feelings and are able to interpret their signs and gestures and to determine when they have a concern or are feeling uncomfortable or uneasy about something.

The welfare of the children and young people is promoted and they are protected from abuse. There are established systems in place for staff to respond to any allegation or suspicion of abuse. Child protection is a mandatory part of the residential project teams professional development. Training on child protection forms part of the staff's induction and this is followed with further training which is routinely updated. The training emphasises the vulnerability of children and young people with disabilities. The majority of project staff are up-to-date with their training. Staff demonstrate an understanding of their roles and responsibilities in relation to responding to any potential or actual child protection concerns.

Bullying and children and young people leaving the site and/or staff supervision without permission are not generally issues within the home. All of the children and young people receive high levels of supervision at all times. The layout of the building and the home's security measures are contributory factors to the level of supervision and safety that the home and the staff provide. Individual behavioural risk assessments are routinely undertaken to identify those children and young people who are at risk of trying to leave the supervision of staff and/or whose behaviour may be perceived as threatening or frightening to others. Strategies including an increase in the staffing ratios are put in place when a potential or actual risk is identified.

The registered manager is fully aware of his responsibility to notify all those persons and appropriate authorities listed in Schedule 5 regarding significant events that have occurred at the home. One recent notification has been made. The registered manager has reviewed the circumstances relating to the event and has used this to inform and revise practice within the home.

The management of the children and young people's behaviour is good. The residential project workers develop a good understanding and insight into the children and young people's behaviour and use this knowledge along with their skills to manage their behaviour and to prevent issues from developing and from escalating. The management of the children and young people's behaviour is greatly assisted by the level of staffing that is provided. Staff make good use of the spaces available in the home to keep children and young people occupied and separated from each other if the need arises. Each of the children and young people have a behaviour plan which sets out agreed strategies and responses that the staff follow. These are shared with parents and schools and helps to maintain a consistent approach to the management of their behaviour.

The project staff are fully aware that a number of the children and young people are unable to take full responsibility for some aspects of their behaviour and may have little understanding

of how their behaviour impacts on others. Sanctions are rarely used and staff encourage the children and young people to try and reflect on their behaviour. There is an expectation that all project staff undertake regular training on the use of a physical intervention method as part of their mandatory training. This provides guidance on the use of de-escalation strategies and the use of physical intervention holds. Although only used as a last resort, there are occasions that staff have had to use of a physical intervention hold to prevent a child or young person from hurting themselves or others. There is a clear understanding that only staff who have completed this training may use restraint as a measure of control. At present only a minority of the staff are current with this training. Consequently, there are occasions when very few, and at times, none of the staff on duty are able to use physical intervention as a means to manage a child displaying aggressive or dangerous behaviour.

There is an expectation that staff will record sanctions and physical interventions in the appropriate logbooks as well as on the home's significant records. There are some inconsistencies in recording and not all physical interventions have been appropriately recorded.

The children and young live in a home that provides a good level of physical safety and security. The home takes positive steps that ensure that the children and young people, and staff and visitors are safe from the risk of fire and other hazards. Systems are in place for the regular checking and servicing of fire safety and detection equipment. Detailed records of fire safety activity, including simulated night time practise evacuations, are kept. A fire risk assessment has been undertaken and reviewed.

However there is shortfall in the home's practice and organisation. Although night staff are allocated responsibilities to take in the case of an emergency, the children and young people's safety is not fully assured at all times. The home has not implemented Personal Emergency Evacuation Plans (PEEPS) for each of the children and young people as recommended by the home's fire risk assessment.

Positive steps are taken to ensure that children, staff and visitors are safe from other risks and hazards. There is a comprehensive range of risk assessments for on and off site activities. On all occasions that children and young people leave the building, a 'Going out preparation plan' is recorded and individual travelling files containing their medical information goes with them. Portable appliance testing has been undertaken. The onsite security arrangements are very good. Access to the home is through secure electronically operated doors which can only be activated by staff. Parents and stakeholders comment on the children or young people being safe at the home.

The home follows recruitment and vetting procedures as set out by the charity. Complete staff files are retained at the charity's head office. A slimmed down file is kept at the home for six months following the appointment of new staff. Recruitment procedures are said to be in line with the current guidance and the requirements of the National Minimum Standards. However, the documentation held by the home does not contain details of all of the checks that are said to have been made. The staff files held at the head office contain a check list of the checks that have been undertaken and these were made available. The system for the vetting of staff is robust. Records show that Criminal Record Bureau (CRB) checks at enhanced level have been obtained before staff are allowed to take up their employment.

Helping children achieve well and enjoy what they do

The provision is good.

The children and young people receive individual support whilst at the home. The primary responsibility for arranging any individual support to meet the identified needs of the children and young people is that of the placing authority in consultation with parents and carers. The home provides support through individual respite care packages and is staffed and resourced to meet the children and young people's daily social, emotional, health and personal needs. Care in the home is provided by a multi discipline team consisting of residential care staff and nurses. The nursing staff ensure that those children and young people with complex medical needs receive consistent care and medical attention. The nursing staff can arrange for parents and the children and young people to access a range of services through consultation with their doctors and the local Primary Care Trust.

Parents advise that their children look forward to and enjoy their stays at the home. One explains how her/his child, ' gets very excited when he knows that he due to go.' Another explained how her/his child is, 'always smiling and happy when coming to the home.'

Staff are allocated individual children and young people to look after during their shift. They take on the responsibility for their supervision, welfare and personal care. Residential project staff take on the role as a link worker for a number of the children and young people staying at the home. Their responsibilities include developing an insight and understanding of their key child and to be the main point of contact for parents /carers and other agencies.

The home does not have any responsibility for making arrangements for the children and young people's education. However, the project staff are aware of the importance that education plays in the individual development of the children and young people. There is close liaison between the home and with a number of the children and young people's schools. This enables exchanges of information to take place about behavioural, medical and other issues and is a contributory factor for ensuring that the children and young people receive a consistency and continuity of care. One of the stakeholders advised that the, 'staff are keen to attend school reviews'. Project staff are available to support parents during the annual review of their child's educational statement.

Helping children make a positive contribution

The provision is good.

Each of the children and young people have a clear and easily understandable placement plan titled 'My Profile' which specifies how the home will care for them in accordance with his or her assessed needs. Information for the 'My profile' document is initially sought during the pre-admission process and is drawn up in consultation with the parents/carers. The involvement of parents/carers ensures that the children and young people's views, needs and wishes are fully represented. The 'My profile' plan is child-centred, comprehensive, accessible and covers all aspects of the children and young people's social and health needs. It is written in a manner which gives the children and young people a voice about their care The plan is monitored by the child or young person's link worker and is routinely updated. Copies of the children and young people's 'My Profile' are contained within their travelling file allowing instant access to their personal and medical information at all times.

The home has established systems for the children's and young people's development and needs to be reviewed regularly in accordance with statutory requirements and the charity's own internal review procedures. Link workers are responsible for compiling, writing and presenting reports to reviews. The presence of the link worker at the reviews, ensures that the children and young people's views and wishes are represented. There is the opportunity for the children and young people to attend their reviews but this is not an option that is routinely taken up. It is understood that the home arranges for those parents for whom English is not their first language to have an interpreter at annual reviews and other meetings. Parents confirm that they are routinely invited to attend reviews.

Most of the children and young people who receive respite care at the home are there for a maximum of two days at a time and therefore the ability to maintain regular contact with their parents or significant others is not a issue for them. The children and young people are able to make and receive telephone calls and those who require help are given assistance. The home recognises the value of regular contact with the parents. A home-to-home diary provides a good means of communication and allows both staff and parents to routinely update each other on daily and significant events.

All admissions to the home are planned. There is an established process for introducing parents/carers and the young people to the home, its facilities and to the members of staff. Initial visits are undertaken by the project staff to the child's or young person's home. This provides the opportunity for the initial consultation and contribution to the 'My profile' document to take place. Prior to admission the children and young people and their family are invited to visit the home on a number of occasions. This provides the opportunity for staff to gather further information and to observe how parents want their child's personal care to be delivered. One parent specifically gave detail of how successful the gradual introduction to the home had been for her child. The parent explained how staff had taken time to allow her/his child to build up confidence and learn to accept and enjoy his placement at the home.

The project staff routinely find ways for the children and young people to be able to make views and feelings known. A number of the children and young people accessing the care at the home have limited communication skills and levels of comprehension. Staff are very adept at finding ways to engage and communicate with them. None of the children and young people are assumed to be unable to communicate their views. The staff demonstrate patience when communicating with the children and young people and ensure that they are kept informed about what is going on. Staff routinely use normal everyday events and occurrences to provide an opportunity for the children and young people to actively participate in making immediate realistic and manageable choices. Consultation with parents and observations made by staff help to ensure that any of the children and young people's known preferences or dislikes are known and taken into consideration when routines, events and activities are planned for them. One of the stakeholders noted that the 'children are encouraged to make choices at their level of understanding.'

Achieving economic wellbeing

The provision is good.

The standard relating to young people about to leave care being prepared for the transition into independent living is not applicable in this setting. The majority of the young people move on to adult services which includes residential colleges. The responsibility for this transition

lies with the local authority. Transition plans are said to be in place for a number of the young people although the documentation relating to this is not retained by the home. Staff provide practical and emotional support to the young people and their families when a new placement is identified and will accompany them during any initial interviews and/or visits.

The accommodation has been specifically adapted and equipped to meet the complex needs of children and young people with disabilities. All of the children and young people's accommodation is on ground floor level.

The children and young people are provided with a individual bedroom. Whenever practicable, individual preferences to sleep in a particular room are catered for. All bedrooms are individually furnished and are of a good size and allow suitable access for wheelchair users. Some of the bedrooms are equipped with hospital beds. Bedroom doors are equipped with electronic devices which enable staff to monitor the children and young people when they are in their rooms. Details of this provision is included in the care plan and outlined the home's Statement of Purpose. The accommodation is well equipped to help in the care and manual handling of the children and young people; electric and manual hoists are available throughout the home.

There are a number of communal areas. These provide good spaces for socialisation to take place as well as providing spaces for the children and young people to be on their own. Furnishings throughout the home are mainly of a domestic style. The children and young people have supervised access to a play room, sensory and hydrotherapy room and an enclosed garden. The play room is resourced well with age appropriate games toys and books.

The security and safety measures in the houses are good. Windows have restricted opening and all external doors are equipped with electric locks that can only be operated by the staff. Televisions and video and DVD players are kept in secure cabinets. Overall home is decorated and maintained to a good standard. The lounge and dining room has recently been redecorated. Some floor covering is stained and a few areas show some signs of wear and tear. The bathroom and toilet facilities are specially equipped to meet the individual personal care needs of the children and young people.

Staff sleeping accommodation is located on the first floor. Access to this is by an open stair case and there has been a recent incident when a young person with limited mobility had attempted to climb the stairs.

Organisation

The organisation is satisfactory.

Information on the home's purpose values, organisation and what it sets out to do for the children and young people is described in a document titled 'Information Booklet and Statement of Purpose 2009'. This was last updated in July 2009 and is made available to parents and social workers. The home has produced a small handbook which it provided to each of the children and young people. This gives brief details of the staffing routines and facilities in the home. This handbook is produced in a colourful format and is illustrated throughout with photos and cartoons. Collectively both documents provide ample information to enable the children and young people, parents/carers and other interested parties to determine the services that the home provides and how it is organised and operates.

The home's Statement of Purpose provides detailed information relating to staff development. The home aims to provide all staff with formal supervision on a monthly basis. Supervision is provided by five senior members of staff. There are inconsistencies relating to administration and frequency of supervision by some supervisors. Nursing staff who take on the role as designated people (shift leaders), and also work as members of the residential project care team do not receive supervision relating to the social care aspect of the duties. Nursing staff receive supervision relating to their nursing duties from a qualified nurse.

Project team meetings are regularly scheduled and these along with routine written and verbal handovers between the shifts provide the opportunity to discuss individual children and young people and to reflect on practice within the home.

There is an expectation that all residential project staff will undertake National Vocational Qualification Level 3 in Caring for Children and Young People. The home has recently had to reorganise how staff access this training. This along with a number of staff movements and new appointments has affected the number of staff who have been able to enrol and successfully complete their NVQ training. Consequently there is a current shortfall in the number of staff who have successfully completed NVQ Level 3 or have a qualification that is said to demonstrate the same competencies. This shortfall does not impact on the quality of the care provided to young people.

The home aims to provide the project staff with training opportunities that equip them with the skills and knowledge required to meet the needs of the children and young people. Some aspects of the training is specific to meeting the needs of children and young people with disabilities. All staff are expected undertake a number of mandatory training courses which include fire awareness, first aid, child protection, physical intervention, food hygiene, equality and diversity, administration of medication and invasive medical procedures, and moving and handling. The frequency that these are to be refreshed or updated is set by the charity. A number of staff have not undertaken or received refresher training for some parts of the mandatory training including food hygiene and physical intervention. Consequently there are occasions when only a minority of the staff are on duty are able take on some specific responsibilities for the care and management of the children and young people.

The existing number of staff are sufficient to meet the day-to-day care needs of the children and young people. The home's staffing policy is set out in the Statement of Purpose. The overall numbers of staff are based on an individual assessment of the children and young people's needs. Staffing ratios are normally set at 1:1. This is increased if a need is identified. This level of staff ensures that the children and young people receive the individual attention that they need. The home employs waking night staff and these are supported by project workers who are timetabled to undertake sleeping in duties. Staff shortages are covered by members of the project team or by the use of agency staff. The home tries to ensure that they use the same agency staff at all times as they are familiar with the processes, routines and the children and young people. These arrangements ensure that the children and young people receive consistency and continuity of care.

The promotion of equality and diversity is good. All of the children and young people are valued and respected as individuals. They are all given the same opportunities regardless of age or gender. The children and young people are encouraged and helped to make personal choices and there is no assumption that any are incapable of doing this. The home has been adapted

and equipped to meet the needs of children and young people with disabilities. Individual medical and dietary needs are met in practice. The home is able to meet individual cultural needs when required. Documents demonstrate a commitment to equal opportunities, valuing diversity and avoidance of inappropriate discrimination in all forms.

The systems for the effective monitoring of the performance of the home against its Statement of Purpose are underdeveloped. The current arrangements for the internal monitoring of records are ad hoc and it is unclear whether information gained from the process is used to improve the practice within the home. The current system has failed to identify a number of issues identified during this inspection. Implications arising from shortfalls in staff development and their actual or potential impact on the care and management of the children and young people have not been fully considered. The system for improving the quality of care in the home is underdeveloped. The registered manager advises that the services that the home provided reflects feedback and consultation with its commissioners. The process of regular consultation on the quality of care has not been established to parents/carers and other interested parties.

Each of the children and young people have individual records containing personal information and details of the services and care that they receive. The home takes positive robust steps which ensure that this information which is available written and electronic form is kept secure and confidential.

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 meets the Care Standards Act 2000, The Childrens Homes Regulations 2001 and the National Minimum Standards. The Registered Provider must comply with the given timescales.

Standard	Action	Due date
28	ensure that all project staff receive regular and consistent supervision relating to their social care roles. Reg 27 (4) (a)	25 September 2009
31	ensure that all staff receive appropriate training. Reg 27. (4) (a)	25 September 2009
33	establish and maintain a system for monitoring the matters set out in schedule 6 and for improving the quality of care provided by the home. Reg 34 (1) (a) (b) (3)	25 September 2009

Recommendations

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

- ensure that all complaints are addressed without delay. NMS.16
- ensure that all uses of physical intervention are appropriately recorded. NMS.22
- implement personal emergency evacuation plans. NMS.26