

SC013598

Registered provider: Cherry Trees Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This charity-run home provides a variety of short-break services for disabled children. These services include overnight stays for no more than 14 children.

The home has had no registered manager since 1 September 2018. There is now a manager in place who is not yet registered with Ofsted.

Inspection dates: 8 to 9 October 2018

Overall experiences and progress of children and young people, taking into account	good
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How well children and young people are helped and protected	good
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The effectiveness of leaders and managers	good
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The children's home provides effective services that meet the requirements for good.

Date of last inspection: 6 December 2017

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
06/12/2017	Full	Good
06/02/2017	Interim	Improved effectiveness
11/10/2016	Full	Good
17/03/2016	Interim	Declined in 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 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(2)(c)) In particular, the registered person must ensure that if a medication dose is changed the details of the medical practitioner who authorised the change are kept. The registered person must also ensure that if a member of staff makes a change to a child's medication records that person signs and dates the change.	09/11/2018

Recommendations

- Each local authority should have clear arrangements in place for the management and oversight of allegations against people that work with children. The relevant officer or teams within the local authority should be informed promptly of all allegations that come to an employer's attention or that are made directly to the police. For further information, including about the role of a local authority designated officer see 'Working together to safeguard children'. ('Guide to the children's homes regulations including the quality standards', page 44, paragraph 9.18)
In particular, the registered person should ensure that any safeguarding concerns are promptly referred to the relevant safeguarding agency. The registered person should also ensure that a detailed chronology of any actions or decisions made is kept following a safeguarding referral or consultation with a safeguarding agency.
- For children's homes to be nurturing and supportive environments that meet the needs of their children, they will, in most cases, be homely, domestic environments. Children's homes must comply with relevant health and safety legislations (alarms, food hygiene etc.); however in doing so, homes should seek as far as possible to maintain a domestic rather than 'institutional' impression. ('Guide to the children's homes regulations including the quality standards', page 15, paragraph 3.9)
In particular, the registered person should ensure that the environment is regularly checked for health and safety concerns.

Inspection judgements

Overall experiences and progress of children and young people: good

Children make good progress at a pace which is appropriate to them. Staff are strengthening how they assess and record progress, especially in relation to how well children develop independence skills.

The staff are adept at grouping children together for each overnight stay. They are enhancing these decisions by introducing more in-depth assessments of the impact that each child may have on other children and an improved system for parents to book which services they wish to have and on which day.

The staff successfully listen to and act on children's views. Both the recent addition of regular children's meetings and the use of children's communication aids positively help children to make their views known and acted on. The staff intuitively support children by acting on children's non-verbal cues. The staff ensure that what they learn about children's non-verbal cues is shared with other staff.

Activities are varied and well organised. The summer programme provided a very good selection of varied in-house events and external trips (69 in total).

Contact with families is valued and effective. This is being further enhanced by developing greater support for families and children when the children are due to move to adult provision. The managers are developing their knowledge of local adult resources and intend to increase the support that they will give to families to prepare them for this change.

Children are helped to be healthy and to develop healthy lifestyles. The internal and external environment supports them to be active. Meals and menus meet children's dietary needs.

Medication records are disorganised and unclear. They do not provide evidence that a medical practitioner has agreed any change to the dosage that a child should be given, and in one case it was not clear who had agreed for the use of a child's inhaler to be stopped although discussions with staff show that they are clear where this information came from. In most of the examples viewed, the name of the member of staff who had recorded a medication change was not available.

There are other developments in progress to improve the care offered, such as:

- further embedding and understanding and celebration of difference in all aspects of the service
- developing the bathrooms so that these are homelier, yet suitable for all children's needs.

The kitchen areas have already been enhanced. The managers' aim is to use these improvements to show parents and others how well cost-effective adaptations, while

remaining homely, can increase children's independence.

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

The staff know what safeguarding procedures to follow and whom, internally and externally, they can contact if they have a concern. Professionals and parents are confident that their children are cared for safely. One family stated in response to an Ofsted questionnaire issued this year: 'They provide a safe, caring environment for (their child). They provide a place that enables us to feel confident about leaving him in their care.'

Risk assessments are simple, easy to use and kept up to date. The location assessment, which considers the suitability of where the home is situated, is well written and provides succinct details on how staff will minimise any identified risks. The recently implemented records of children's progress in developing their independence in the kitchen are helpful. These provide clear guidance for staff on what children can do, what they need assistance with and what progress they make. Managers intend to use this model to review children's progress in other areas.

Staff manage children's behaviour well. Their knowledge of children's needs and their responsive attitudes demonstrate that they are attuned to individual children's methods of communication, their likes and their dislikes. Staff use very few sanctions and, when they do, these are appropriate. No child has gone missing while in the care of staff for some time. However, staff are not complacent. This year they have developed information cards on what to do if a child goes missing, which they will take with them on trips out. Managers have also maintained good links with relevant local agencies, including the police.

Recent staff training increased staff's awareness of when they should record and act on non-verbal responses which indicate that a child is unhappy about something. One child's non-verbal 'complaint' was managed well. Staff's actions resulted in a detailed analysis to understand what the child was concerned about, and it involved several different services.

Recruitment procedures and records are completed well. This is an area of improvement since the last full inspection in December 2017.

One child protection issue was not managed in line with procedures or recorded well. The staff did not refer the concern immediately to a safeguarding team, there is no detailed chronology of all the actions taken and the child's care plan was not fully updated. This has had no ill effect on the child. The plan put in place was agreed with outside agencies to be suitable, information about the concern was available, and staff knew what concerns related to this child and what they had to do about these concerns.

While staff understand how health and safety legislation relates to this service, they do not always carefully check for health and safety concerns. For example, the staff had not identified some health and safety issues in one garden area.

The effectiveness of leaders and managers: good

Leaders and managers have a good vision of the services and how to achieve their goals. They strive for improvement. The current manager is recently in post and is seeking registration with Ofsted. She has positively managed a smooth transition of responsibilities, which was especially important over the summer holidays when the service was in greater demand. She has involved the staff in development plans and is supporting change effectively.

A new leadership team has been formed, and leaders are taking up a range of internal and external opportunities to develop their skills and knowledge. For example, the manager is now part of a network of local managers through which she can share and grow her expertise. The result of a greater focus on learning and sharing expertise is having a positive effect on practice.

There are sufficient numbers of staff on duty on each day. Shift planning and an assessment of individual levels of children's staffing needs have recently been introduced. The indicators are that these additional systems have enhanced the staff's ability to consider how to support children's needs. However, staff do not vigilantly consider how noise levels affect children in the main communal areas.

Managers quickly formulate plans to ensure that staff have the right knowledge and skills. There is a good balance of online and face-to-face training courses. The impact of training is now being carefully monitored, though results are not yet available.

The standard of recording is varied. Some records are well written, but others require greater clarity. Children's targets, for instance, do not always align with what is in a child's behaviour management plan. Managers recognise this difference and are working to improve the consistency of record keeping with staff.

Supervision has increased and now meets the provider's six-weekly target. Supervision is reflective and explores staff's knowledge and understanding of practice issues and relevant policies. Staff appraisal records are kept separately, and supervisors do not have access to these. This will now change, and managers recognised that this would better support discussions in supervision and help to monitor staff performance.

Managers and staff receive many compliments from professionals about the ways that the staff support children and their families and work in partnership with them. One social worker said: 'This is a really warm and friendly service. They are very patient with the children they work with and, wherever possible, they try to accommodate bookings.'

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 difference 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: SC013598

Provision sub-type: Children's home

Registered provider: Cherry Trees Limited

Responsible individual: Mark Clement

Registered manager: Post vacant

Inspector

Ruth Coler, social care inspector

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