

SC013743

Registered provider:

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home offers long-term care for up to 14 children who have profound and multiple disabilities, including communication difficulties, sensory impairment, complex health needs and challenging behaviour. The home is made up of three separate residential units.

There has been no registered manager in post since July 2018.

Inspection dates: 30 to 31 July 2019

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: 12 March 2019

Overall judgement at last inspection: improved effectiveness

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
12/03/2019	Interim	Improved effectiveness
07/08/2018	Full	Requires improvement to be good
13/02/2018	Interim	Improved effectiveness
08/08/2017	Full	Requires improvement to be 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
The registered person must compile in relation to the children's home a statement ("the statement of purpose") which covers the matters listed in Schedule 1. The registered person must— keep the statement of purpose under review and, where appropriate, revise it. (Regulation 16 (1)(3)(a))	04/09/2019
The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children's home that— (a) helps children aspire to fulfil their potential; and (b) promotes their welfare. (2) 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. (Regulation 13 (1)(2)(h))	04/10/2019

Recommendations

- Children who cannot or choose not to verbalise have the right to have their views, wishes and feelings heard and respected in the same way as other children. There may be children whose abilities and understanding are such that regulations 7(2)(a)(iv), (b)(i) and (c) will need interpretation according to their individual circumstances in consultation with their social worker. ('Guide to the children's homes regulations including the quality standards', page 24, paragraph 4.24)

In particular, staff should ensure that they have a clear and agreed understanding of when a child who is non-verbal is making a complaint.

- Please see regulation 23. Care must be taken to ensure prescribed medicines are only administered to the individual for whom they are prescribed. Medicines must be administered in line with a medically approved protocol. Records must be kept of the administration of all medication, which includes occasions when prescribed medication is refused. Regulation 23 requires the registered person to ensure

that they make suitable arrangements to manage, administer and dispose of any medication. These are fundamentally the same sorts of arrangements as a good parent would make but are subject to additional safeguards. Where the home has questions or concerns about a child's medication, they should approach an expert such as a general medical practitioner, community pharmacist or designated nurse for looked-after children. ('Guide to the children's homes regulations including the quality standards', pages 35, paragraph 7.15)

In particular, the registered person should ensure that any aids used to help staff to remember when children's medication is due do not pose additional risks. The registered person should also review whether separate storage for medication which requires refrigeration should be provided.

- When establishing the home, the registered person must ensure that it is suitably located so that children are effectively safeguarded and can access services to meet needs identified in their relevant plans (see regulation 12(2)(c)). Under regulation 46, the registered person should review the appropriateness and suitability of the location and premises of the home at least once a year. The review should include the identification of any risks and opportunities presented by the home's location and strategies for managing these. Providers should refer to the non-statutory advice about the location assessment process: Children's homes regulation amendments 2014: Advice for children's homes providers on new duties under regulations that came in to effect in January and April 2014. ('Guide to the children's homes regulations including the quality standards', page 64, paragraph 15.1)

In particular, the registered person should consider whether to review the suitability of the location more regularly.

- The registered person is responsible for deciding what each review should focus on, based on the specific circumstances of the home at that particular time and any areas of high risk to the children that the home is designed to care for, such as missing or exploitation. They will also consider what information or data recorded in the home will form part of the evidence base for their analysis and conclusions. There is no expectation that the registered person will review the home against every part of the Quality Standards every six months – registered persons should use their professional judgement to decide which factors to focus on. The review should enable the registered person to identify areas of strength and possible weakness in the home's care, which will be captured in the written report. The report should clearly identify any actions required for the next 6 months of delivery within the home and how those actions will be addressed. The whole review process and the resulting report should be used as a tool for continuous improvement in the home. ('Guide to the children's homes regulations including the quality standards', page 65, paragraph 15.4)
- The registered person should ensure that children are offered a wide range of activities both inside and outside of the home (where appropriate) and are encouraged to participate in those activities. Staff should support children to take part in school trips, out of school and other clubs, volunteering and leisure activities. ('Guide to the children's homes regulations including the quality

standards', pages 31, paragraph 6.5)

In particular, the registered person should ensure that they complete the changes they are making to the holiday risk assessment procedure and pro-forma before a child goes on holiday again.

Inspection judgements

Overall experiences and progress of children and young people: good

There are many examples of ways in which children make individual progress. Their progress is supported by the staff's thoughtful, caring and inquisitive care, which helps them to know children well and develop strong attachments. It was heart-warming to hear one member of staff say, '[Name of child] has taught me a lot.' A parent said, 'I am lucky I have great education, great care and great professionals [supporting my daughter and me].'

Children are involved in decisions about their support and take a lead in what they are going to do and when they are going to do it. Their independence is promoted with clear targets to learn relevant skills. If changes are made, children are consulted well using a variety of appropriate communication aids.

The range of activities is excellent and provides children with great opportunities to enjoy and take part in events they like. Staff found out that one child loves musicals and took him to see one. Usually, he finds sitting still extremely difficult. On this occasion, he did not move for more than two hours.

The recording of children's progress has improved since the last inspection. Records now show children's long- and short-term progress more clearly. Records of one-to-one discussions also now record what staff think the child gained from the discussion. Senior staff continue to work on improving these. They have provided workshops to increase staff's ability to use the online recording system, worked on developing a file convention so that there is better clarity about where information is stored and are improving the quality of records.

Health and well-being are promoted effectively. Staff meet children's often complex needs well. They are responsive to changes in children's behaviour or health and vigilantly support them to obtain the right healthcare as quickly as possible.

Medication administration has improved. Recent medication errors were fully investigated, and learning from the incidents was effectively implemented. No errors have occurred since. However, systems for reminding staff about when to give medication do not support children's privacy well and create additional risk that errors might occur. There is no separate storage of medication that requires refrigeration.

Good support for children's education helps them to achieve. Staff help children's learning to progress and advocate for them when necessary. The support that staff have given one child has resulted in plans being made for him to return to full-time education in September 2019.

Improvements to the environment continue to be made. The organisation has also agreed plans to further develop all three premises. This is beneficial as the available communal space in the accommodation for physically disabled children is restrictive. In

another house, furniture and flooring in the communal area are being changed so that the environment is homelier.

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

Safeguarding practice has improved. Records of the one referral made to a local safeguarding agency provided a clear chronology and logged appropriately the actions taken and decisions made. No child has gone missing from the home, but appropriate, up-to-date information about each child is readily available should this be needed.

Staff know what to do if they have a concern, especially in relation to children's health needs. For instance, medical protocols for children with complex needs provide staff with safe guidance on how to respond to medical emergencies. This has resulted in one child having a hospital 'passport', so she is admitted quickly to the appropriate ward for specialist care.

Managers have expanded staff's opportunities for safeguarding training and they continue to do so. For example, they have added face-to-face training to supplement the online programme already in place and have planned workshops about child sexual exploitation. The training is appropriately geared towards the needs of disabled children.

Day-to-day risk assessments of children's care are well organised and reflect their needs. Risk assessments of holidays and activities are less clear; they are generic and insufficiently cover children's needs. Managers have identified this shortfall and are taking urgent action to ensure that appropriate holiday risk assessments are in place.

There is a location assessment in place, which was completed this year. It covers a range of areas and provides guidance on various issues which may pose risks. It is not, however, in common use by staff, regularly referred to or checked regularly to see that its contents remain appropriate. This is a missed opportunity to ensure that all information available is consistently used to inform staff about the facilities which are of benefit and risks that exist in the local community.

Positive behaviour is promoted well through staff recognising and acting on children's cues and changes of behaviour. They, therefore, generally help children to calm if they are becoming distressed or anxious. Staff are now consistently following agreed behaviour management plans and recording whether these remain appropriate and helpful to the child. However, the quality of incident recording is variable. In some cases, records do not show how staff and, where possible, children have reflected on what occurred. The timing of discussions is not the most convenient for some children to engage. The timing also inhibits staff's ability to consider how to approach some children so that their engagement will be meaningful.

Recruitment practice is satisfactory. Managers have introduced a better reference verification record and are working to improve interview questions so that these better fit children's needs.

Health and safety practices have improved. Systems to check that the staff and premises comply with health and safety legislation are now working well. The necessary checks are now kept up to date. Records, which were previously not kept in the home, are now readily available on site.

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

Leaders and managers are working hard to develop the service and have maintained a strong focus on child-centred practice as they do so. They are successfully developing a change in culture, where accountability is clearer and better understood. However, leadership of the home continues to be impeded because there has not been a full-time registered manager in post since July 2018.

Leaders and managers know the strengths and weaknesses of the home and are planning for improvements. However, managers' six-monthly reports to the organisation are lengthy and do not allow the author to focus on this home's needs. This is a missed opportunity to allow managers to identify what needs evaluating and analyse the effectiveness of the home's operation in any depth.

Approval from the wider organisation is required to change some policies and make decisions about changes at the home. This has inhibited the speed with which issues can be resolved. For example, the wider organisational policies are not always relevant to this home. No guidance is available about adapting these to meet the needs of the children who live here.

The organisation has improved some monitoring processes in respect of care and the premises, but there remain many aspects which have not been suitably monitored. For example, the statement of purpose does not accurately reflect the age group of children whom the home looks after, and information on the organisation's website is out of date.

The focus on, and changes, to recruitment practice have been very successful, and this is an immense improvement. Previously, approximately 50% of staff were permanent employees; now this is approximately 85%. The staff are positive about this change. They said that this is helping them to work together better to provide more consistent care.

Staff are also positive about supervision. They consider that this is regular, meets their needs and focuses on children. However, records show inconsistencies in the quality of supervision. Staff suggestions are valued. One example of this is the introduction of an event to celebrate practice. This event helped staff to share the ways in which they have supported children and learn from each other's experiences.

Training and development opportunities have increased. One new member of staff described her induction as the best she has had since working in children's homes. The induction provided her with appropriate shadowing and mentoring that helped her to feel

part of the team. Another member of staff could clearly talk about ways in which training has improved her practice.

Internal and external experiences support staff's development well. For example, a member of staff undertook a training course, so she can teach other staff the de-escalation and restraint techniques used.

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: SC013743

Provision sub-type: Children's home

Registered provider address: 3 The Boulevard, Ascot Road, Watford, Hertfordshire
WD18 8AG

Responsible individual: Kate Isham

Registered manager: Post vacant

Inspectors

Ruth Coler, social care inspector
Liz Driver, social care inspector

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