SC014235

Lioncare Limited

Monitoring visit

Information about this children's home

The home can accommodate up to seven children and young people. The service aims to accommodate children and young people who have emotional and/or behavioural difficulties, and provides a therapeutic care approach towards meeting their needs. The home is part of an organisation which has two other residential homes and a school.

Inspection date: 7 August 2017

This monitoring visit

A full inspection of the home took place on 8 June 2017. The home was judged to be inadequate. Seven compliance notices were issued on 6 July 2017 in order to address the breaches of regulations and shortfalls in good practice. The date set for meeting the steps specified in the compliance notices was 1 August 2017. This monitoring inspection was undertaken to assess the progress that the home has made in completing these steps and meeting the compliance notices.

A compliance notice was issued under regulation 12(2)(a)(i), the protection of children standard.

The provider was required to review all children's risk assessments and ensure that they contain clear strategies for staff to follow, are reflective of all relevant information known about the child, and that they are discussed with staff.

Since the inspection on 8 June 2017 the individual risk assessments for all children have been reviewed. These have been updated following significant or serious incidents and now contain more detailed strategies for staff to follow.

Two impact risk assessments that have been retrospectively updated have taken into account all the known information regarding the children's background circumstances. The assessments analysed the likely impact that the child's behaviours could have on the group, and how the child could be affected by their peers' needs and behaviours.

Children's individual risk assessments are discussed with staff. However, the emphasis has been on ensuring that staff know the procedures for reviewing and updating risk assessments, rather than detailed discussion of the content. Managers have had discussions with staff on issues such as children's past behaviours, group dynamics and anxieties relating to family contact, in relation to children's risk assessments.

Overall, the steps specified in this compliance notice have been met.

A compliance notice was issued under regulations 12(2)(a)(vi), 12(2)(a)(iii) and 12(2)(a)(v), the protection of children standard.

The provider was required to review staff responses following the safeguarding incident in March 2017 and implement any changes or actions arising from the review, including the need to provide training and/or performance development plans for staff and managers.

Senior managers undertook a review of how the incident in March 2017 was managed, and produced a report. The report identifies five actions the organisation is taking to ensure that similar failures do not occur in future.

These actions have been completed. Team meeting discussions include the responsibilities of staff to report and record safeguarding concerns. All children's risk assessments have been reviewed and updated. Staff have received training on positive behaviour support planning. Staff had the opportunity to reflect on how the incident in March 2017 was managed. The registered manager, service manager and responsible individual have all completed level 3 designated safeguarding lead training. Advanced level risk assessment and management training has been booked.

Members of staff involved in the incident have had training. One had training on behaviour management and had an opportunity to discuss good practice in a one-to-one meeting with the course trainer. A second member of staff had in-house training on the homes child protection procedures. The notes made of the session do record the expectations of the staff member in relation to child protection practice but a full record of the training was not completed and the section titled 'professional support, development and training' has been left blank.

Managers have given consideration to retraining all staff on the home's safeguarding procedures. Discussion has taken place with the safeguarding training provider to ensure that the training will meet the learning needs of staff. The service manager stated that the recent 'positive behaviour support planning' training addressed the home's child protection procedures but the course plan does not make this explicit. Staff now have updated professional development plans which address learning needs.

Learning points from the review of the incident in March 2017 have not led to a change in practice. Guidance for managers investigating safeguarding incidents stated that they should, 'get a signed statement from each person involved in a situation

such as this'. However, this did not happen when a child made an allegation against a member of staff in July 2017. No statement was sought from a member of staff who was on duty at the time the child made an allegation against her colleague. In addition, a full transcript of the conversation that the registered manager had with the child after he had made the allegation was not kept. Neither did the registered manager contact the social worker to get feedback after the social worker had spoken with the child.

The steps in this compliance notice are not yet deemed to be met and an extended timescale has been given to the 25 September 2017.

A compliance notice was issued under regulations 13(1) and 13(2)(h), the leadership and management standard.

The provider was required to re-evaluate the impact risk assessments undertaken for children admitted in April and June 2017 in order to identify, and put in place, improvements that would strengthen the impact risk assessment process. Further, the provider was required to introduce a system to record when and by whom regulation 44 reports were read. Senior managers were asked to review the monitoring activities undertaken by the registered manager, and identify areas for improvement with clear and timely implementation plans including responses to concerns raised by the regulation 44 visitor.

Good quality retrospective impact risk assessments have been completed. All known information about the children's needs and vulnerabilities are taken into account. The impact risk assessment template has been comprehensively updated. These assessments now include sections on risks from other children, to other children, to adults and relating to the location.

The registered manager's weekly checklist now includes a section to record when she has read the most recent regulation 44 report, and how she is responding to the recommendations made. No system is yet in place for recording when staff have read the regulation 44 report.

The registered manager has devised a weekly tracking tool for the monitoring activities she undertakes and these are reviewed in the registered manager's supervision sessions.

Overall, effective action has been taken to meet the steps in this compliance notice. The notice is deemed to be met.

A compliance notice was issued under regulations 14(1) and 14(2)(b)(i), the care planning standard.

The provider was required to review the baseline assessment process to ensure the timescale will be achieved in future; review each child's current care plan and amend it to show specifically and clearly what work will be undertaken, by whom and by

when, to achieve the placing authority's plan for the child; identify training opportunities that will support the development of managers' and staff's care planning knowledge and skills; and introduce a way of monitoring that care plans and behaviour management plans are completed in a timely manner for all children, especially newly admitted children.

The improvement plan dated 26 July 2017 identifies the reasons why baseline assessments were not being completed on time and specifies how timescales will be met in future. The assessment period is being reduced to leave time for report writing, so the whole process will be completed within 12 weeks. Recent baseline assessments have been completed within the timescale, or are on track to do so.

All three of the care plans reviewed contained gaps and omissions with regard to the children's preparation for a fostering placement. All three plans lacked the necessary clarity and precision to demonstrate how each child is being supported to reach their long-term goal of being fostered.

No formal training has been identified that would assist managers and staff to develop their care planning knowledge and skills. However, the organisation has commissioned a consultant to give advice on how care planning can be improved. Records indicate that the consultant has discussed care planning procedures with managers.

The organisation has developed a new 'initial placement planning meeting' template that is designed to be completed before a child moves in. The purpose of this is to ensure that placement plans (care plans) and behaviour management plans are completed before a child moves in. There have been no new admissions since the last inspection, so the process has not yet been tested. The registered manager's weekly checklist now contains a section to record whether care plans and behaviour management plans have been completed.

Overall, this compliance notice has not been met, particularly in relation to ensuring that care plans specify what work will be undertaken, by whom and by when, to achieve the placing authority's plan for the child. The timescale for completion has been extended to the 25 September 2017.

A compliance notice was issued under regulations 25(1)(a) and 25(1)(d) in relation to fire precautions.

The provider was required to display the home's emergency evacuation plan where it can be easily seen by staff, children and visitors to the home and ensure that children and visitors to the home are familiar with the plan. The provider was also required to ensure that fire drill records show accurately the date, time and participants of all drills and evacuations and to ensure that all staff are familiar with the home's emergency evacuation procedures.

The home's emergency evacuation plan is now contained within a booklet that visitors

to the home are required to sign. In the hallway, and other locations around the building, there are diagrams of the escape route. There is a child-friendly version of the evacuation plan on the kitchen notice board and in the children's guide. However, the plan does not identify the responsibilities for staff to ensure that children are evacuated from the home in an emergency.

Fire drill records accurately reflect the date and time when the fire drill took place, and the names of staff and children taking part.

Training on the home's fire drill and emergency evacuation procedures was delivered during team meetings held in July 2017.

The steps in this compliance notice have been met. A requirement is set regarding the evacuation plan addressing staff responsibilities in emergencies.

A compliance notice was issued under regulation 32(3)(c) in relation to the fitness of workers.

The provider was required to review the health needs of all staff to ensure they were fit to perform their duties, including carrying out risk assessments when concerns were identified. Further, to review, and amend if necessary, all policies and procedures relating to the health needs for staff.

Since the last inspection, all staff have completed well-being questionnaires. The registered manager has reviewed the responses and a detailed risk assessment was completed for one member of staff. No further risk assessments relating to the health and well-being of staff need to be undertaken.

The employees' well-being policy has been updated, and is now a comprehensive policy statement. It makes reference to when stress and mental well-being risk assessments need to be undertaken. The document was not dated and had no future date for review. The organisation's service manager said that this would be rectified.

The steps in this compliance notice have been met.

A compliance notice was issued under regulations 33(2), 33(2)(b) and 33(4) in relation to the employment of staff.

The provider was required to review management responses and decisions to the safeguarding incident that occurred on 22 March 2017 to identify and put in place any learning needed for staff and managers; and to make any necessary changes to policies and procedures. The provider was also required to develop an action plan to address the shortfalls relating to the provision of practice-related supervision and ensure that all staff receive supervision in accordance with the home's statement of purpose and have in place professional development plans.

Senior managers have conducted a review of the management response to the

incident and their findings are contained in the home's improvement plan. The service manager's report identifies five learning points.

During this inspection shortfalls were identified in the responses to an incident in July 2017. The management response to this incident demonstrates that learning from the review has not become embedded in practice.

The capacity for delivering supervision with the regularity outlined in the home's statement of purpose has been increased. In addition to the registered manager and deputy manager, three senior members of staff are now facilitating practice-based supervision. All three have undertaken training on the provision of supervision. The registered manager has produced a supervision timetable, so that supervision dates are set for the rest of the year.

The supervision timetable indicated that five staff who were due to have supervision in July 2017 did not receive this. The registered manager was able to provide additional evidence to verify that some supervisions had taken place, but had not been signed off on the timetable. Legitimate reasons were given for some supervisions being slightly overdue, but it was of concern that the supervision timetable stated supervision for the new housekeeper was 'not applicable'. The service manager confirmed that the housekeeper should be receiving formal supervision.

One member of staff does not yet have a professional development plan. The home's deputy manager said that the member of staff's professional needs were identified in her supervision notes. However, the professional development section of the notes do not indicate that the member of staff's development needs have been given detailed consideration. Reference is made to the member of staff needing to complete the level 3 diploma in therapeutic childcare, but indicates that there is no certainty she will be able to commence the course before September 2018. The only other reference is to the deputy manager identifying suitable training on sexually harmful behaviour for the member of staff to attend. At the time of this inspection, this training had not been booked. The registered manager stated that this will be completed by 31 August 2017.

Not all of the steps in this compliance notice have been fully met. The timescale for meeting the steps in this notice has been extended to the 25 September 2017.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
19/10/2016	Full	Good
20/07/2016	Full	Inadequate
30/03/2016	Interim	Sustained effectiveness

10/09/2015	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
The registered person must take adequate precautions against the risk of fire, including the provision of suitable fire equipment in the children's home. (Regulation 25(1)(a)) Specifically, ensure the home's emergency evacuation plan specifies the actions staff must take to ensure children are evacuated from the home in an emergency.	25/09/2017

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.

Children's home details

Unique reference number: SC014235

Provision sub-type: Children's home

Registered provider: Lioncare Limited

Registered provider address: Lioncare Ltd, 186 Forest Road, Loughton, Essex IG10 1EG

Responsible individual: Matthew Vince

Registered manager: Sarah Jackson

Inspector

Stephen Collett, social care inspector

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