

Children's homes – Monitoring

Inspection date	14/09/2016
Unique reference number	SC014235
Type of inspection	Monitoring
Inspector	Stephen Collett

This monitoring visit

A full inspection of the home took place on 20 July 2016. The home was judged to be inadequate. Five requirements and four recommendations were made in order to address the breaches of regulations and shortfalls in good practice. The date set for meeting the requirements was 9 September 2016. This monitoring inspection was undertaken to assess the progress that the home has made in meeting the requirements.

The following requirement was made under regulation 12, the protection of children standard:

In order to meet the protection of children standard, with specific reference to assessing whether children are at risk of harm, the management of allegations made against staff and subsequent response to children and maintenance of the premises, the registered person must ensure that:

(2)(a)(i) staff assess whether each child is at risk of harm, taking into account information in the child's relevant plans, and, if necessary, make arrangements to reduce the risk of any harm to the child

(2)(a)(vi) staff take effective action whenever there is a serious concern about a child's welfare

(2)(a)(vii) staff are familiar with, and act in accordance with, the home's child protection policies

(2)(b) the home's day-to-day care is arranged and delivered so as to keep each child safe and to protect each child effectively from harm

(2)(d) the premises used for the purposes of the home are designed, furnished and maintained so as to protect each child from avoidable hazards to the child's health.

The registered manager has overseen some improvements to the standard of children's individual risk assessments. The emphasis has been on risk assessing the potential for children to make allegations against staff. The registered manager has made efforts to consult placing authorities when assessing this risk. These risk assessments are of a good standard. They refer to the child's background history and any significant events that may have taken place. These risk assessments identify likely triggers for a child to make an allegation, and they provide staff with clear guidelines on how to minimise the risk.

Other risk assessments still require improvement. For example, one child's risk assessments in relation to being bullied, and the potential for him to speak to strangers, did not contain any detailed strategies that staff should employ to reduce the risk. They also lacked guidance on what staff should do if the risk becomes immediate.

Significant improvements have been made regarding the management of allegations. This includes the organisation's policy being updated so that it clearly defines what action should be taken in the event of a child making an allegation.

Since the inspection in July 2016, the designated person in the local authority has been consulted whenever allegations, or concerns about the conduct of a staff member, have been made. The advice given by the designated person has been followed, and internal investigations have been thorough. Effective action has been taken whenever there have been any associated concerns for a child's safety.

Despite this overall improvement, some shortfalls were identified. In one case, clear evidence could not be found regarding the support given to a child after she had been mistreated by a member of staff. Managers referred to discussions that had been had with the child, but these were not recorded. There was no evidence that a one-to-one session with the child had taken place to address the inappropriate care she had received from the member of staff.

Effective action has been taken to rectify the poor state of the premises. There are no longer broken light fittings and exposed electrical wires. Holes in walls have been repaired, many of the rooms have been redecorated and some domestic appliances have been replaced. The children's playroom, which was a particular cause for concern at the inspection in July, is no longer in use. Refurbishment work is still taking place in the home. In one room it was noted that a radiator guard was not securely fixed to the wall. This potential hazard was removed during the inspection.

The following requirement was made under regulation 13, the leadership and management standard:

In order to meet the leadership and management standard, with particular reference to monitoring the quality of care and disseminating information obtained through monitoring systems, the registered person must:

- (2)(f) understand the impact that the quality of care provided in the home is having on the progress and experiences of each child and use this understanding to inform the development of the quality of care provided in the home
- (2)(h) use monitoring and review systems to make continuous improvements in the quality of care provided in the home.

Leaders and managers have begun taking steps to ensure that the quality of care is more effectively monitored. Responsibility for completing monitoring reports has passed to the registered manager, who has day-to-day responsibility for ensuring that high standards are maintained. A new system of completing monthly monitoring reports is not yet embedded in practice.

The registered manager has taken a proactive approach to some aspects of monitoring the quality of care. She now holds monthly meetings with each child to obtain their views on how well they are being cared for. This resulted in four children asking for an independent advocate. However, at the time of this inspection, no action had been taken to meet these requests.

The registered manager has also started keeping records of which staff are involved in incidents of physical restraint. She explained that this will enable her to look for common themes that may need to be addressed with individual staff members.

Leaders and managers have an increased awareness of the importance of monitoring the quality of care being delivered. The new measures that have been put in place are not yet fully effective. For example, monitoring undertaken by the registered manager has not identified that the standard of recording is often weak. This is evident in some records pertaining to the physical restraint of children.

The following requirement was made under regulation 20, restraint and deprivation of liberty:

Restraint in relation to a child must be necessary and proportionate (Regulation 20 (2)).

The poor standard of recording physical restraints often means that examination of documents fails to verify that restraint was necessary. One report records that a child was restrained when throwing books, because 'he was creating too much damage'. It does not say what damage was being caused, or whether this was serious. Neither does it record whether any person was at risk of being injured as the books were being thrown. From the information recorded, it is not possible to conclude that the restraint was necessary or proportionate. In another report, the exact location of the restraint is not clear, and neither are the actions of the child immediately prior to restraint techniques being used.

The following requirement was made under regulation 23, medicines:

The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children's home.

A record is kept of the administration of medicine to each child (Regulation 23 (1) and (2)(c)).

Since the full inspection in July 2016, all staff have undertaken online medication training. The content of the course is appropriate to the level of responsibility staff have for ensuring the safe recording and administration of prescribed medication to children.

The system for recording and administering medication has been updated. Records examined during the inspection were clear and up to date. They clearly record what medication a child has received, and the staff administering this. Records do not yet state the time that medication was administered, but the registered manager agreed that this amendment to records would be implemented without delay. A random stock check of medication was undertaken during the inspection, and this confirmed the accuracy of records.

The following requirement was made under regulation 32, fitness of workers:

The registered person may only employ an individual to work at the children's home if full and satisfactory information is available in relation to the individual in respect of each of the matters in schedule 2. Specifically, ensure satisfactory disclosure and barring service checks have been completed before an individual undertakes direct work with children (Regulation 32 (2)(a) and (3)(d)).

One new member of staff has commenced working in the home since July 2016. Documents relating to the recruitment of this member of staff were examined. They show that satisfactory checks, including an enhanced disclosure and barring service check, were undertaken before the member of staff began working in the home.

Overall, progress has been made against all the requirements made at the full inspection. However, work still needs to be undertaken in relation to the protection of children standard, the leadership and management standard and practice relating to the physical restraint of children. The timescale for meeting these requirements in full has therefore been extended. A common shortfall across all areas of practice is the standard of recording. This was evident in relation to the support given to a child after being mistreated, physical restraint records and recruitment interview notes. The registered manager should ensure that effective monitoring identifies where records fail to meet a sufficiently high standard, and take action to improve this aspect of practice.

Information about this children's home

The home can accommodate up to seven children. The service accommodates children who have emotional and behavioural difficulties and provides a therapeutic care approach towards meeting their needs. The home is part of an organisation which has four residential homes and a school.

What does the children's home need to do to improve?

Statutory requirements

This section sets out the actions which must be taken so that the registered person(s) meets 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
12: The protection of children standard In order to meet the protection of children standard, with specific reference to assessing whether children are at risk of harm, the management of allegations made against staff and subsequent response to children, the registered person must ensure that: (2)(a)(i) staff assess whether each child is at risk of harm, taking into account information in the child's relevant plans, and, if necessary, make arrangements to reduce the risk of any harm to the child (2)(a)(vi) staff take effective action whenever there is a serious concern about a child's welfare (2)(b) the home's day-to-day care is arranged and delivered so as to keep each child safe and to protect each child effectively from harm.	17/10/2016
13: The leadership and management standard In order to meet the leadership and management standard, with particular reference to monitoring the quality of care and disseminating information obtained through monitoring systems, the registered person must: (2)(f) understand the impact that the quality of care provided in the home is having on the progress and experiences of each child and use this understanding to inform the development of the	17/10/2016

quality of care provided in the home (2)(h) use monitoring and review systems to make continuous improvements in the quality of care provided in the home.	
Restraint in relation to a child must be necessary and proportionate (Regulation 20 (2)).	17/10/2016

Information about this inspection

The purpose of this visit was to monitor the action taken and the progress made by the home since its last Ofsted inspection.

This inspection was carried out under the Care Standards Act 2000.

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