

SC020193

Registered provider: The SENAD Group Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home provides care for up to 25 children with severe learning disabilities and autism spectrum disorder and who display associated challenging behaviour.

The manager is not yet registered with Ofsted.

Inspection dates: 23 and 24 May 2022

Overall experiences and progress of children and young people, taking into account	inadequate
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How well children and young people are helped and protected	inadequate
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The effectiveness of leaders and managers	inadequate
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There are serious failures that mean children and young people are not protected and their welfare is not promoted or safeguarded. The care and experiences of children and young people are poor and they are not making progress.

Date of last inspection: 24 August 2021

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
24/08/2021	Full	Good
21/01/2020	Interim	Improved effectiveness
09/04/2019	Full	Requires improvement to be good
23/10/2018	Full	Requires improvement to be good

Inspection judgements

Overall experiences and progress of children and young people: inadequate

Children's views, wishes and feelings are not fully considered. Children's meetings do not take place regularly. For example, children are not asked about their menu choices or activities they may wish to take part in. Children are not given opportunities to make informed choices about their lives. Staff have failed to ensure the voice of the child is heard. Despite the children's additional needs, not all children have independent advocates. This prevents the wishes and feelings and voice of the child being heard and means they do not have independent representation.

Several members of staff have recently left. This has impaired the children's ability to form trusting relationships with staff. As a result of the home being short staffed, children are not being given the chance to take part in regular activities. For example, one child has had very few activities this year. This means that children become bored and frustrated, with very little stimulation.

Staffing difficulties have resulted in staff struggling to manage complex behaviours exhibited by the children. Leaders have given notice to end two children's placements. Staff have struggled to meet these children's needs, leaving the respective local authorities searching for alternative placements. This causes considerable disruption to children's progress.

The children's home is made up of five houses. The building is institutional in parts and does not provide a homely environment. Several health and safety issues have not been addressed and parts of the building are in a poor state of repair and maintenance. For example, inspectors found dead flies and dust on window sills, leaks in roofs and flaking paint. Health and safety checks have not been carried out at the set frequencies.

Inspectors found that a child's pillow was stained and had not been changed. There was also a strong smell of urine in a lounge and hallway. This is unpleasant for children and not in keeping with a homely environment.

Children do not always have access to their bedrooms. Staff often keep these locked and children are having to ask to go to their bedrooms. This can be challenging for children, because not all are able to communicate their wishes.

Children's dignity is not always protected. For example, in a child's risk assessment, some behaviours were misrepresented; they were described as 'challenging behaviour', which was inaccurate. Additionally, inappropriate and derogatory language is used in some risk assessments. This means that staff do not fully understand the behaviour of children with complex needs, resulting in them not being able to appropriately support children.

Children's care needs have not been met in a responsive and compassionate manner. For example, one child was left in a very uncomfortable situation for a long period of time. Their personal care needs were not met. The child's care plan does not set out how staff should support and help the child. Additionally, this fails to identify how the child's dignity will be protected.

Children have educational targets. The staff help children to work towards these targets and help them make progress. However, one child's personal education plan was dated 2019 and does not reflect their current situation.

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

Risk assessments are poor. They fail to set out the actions staff should take in circumstances that pose a risk to children. For example, a child was able to climb up and rip down light fittings, this was in the child's risk assessment. However, the assessment failed to provide staff with adequate guidance on the action to take should the child climb.

Staff were unclear about risks to children. For example, a child was taken on a trip and allowed to stand very close to a steep cliff edge. This had the potential to be very dangerous. The staff did not follow the child's risk assessment. Staff did not recognise risks posed to the child, which is concerning. Leaders and managers took no action to address this serious shortfall in staff practice.

Children's care plans and risk assessments lacked detail of how their intimate personal care needs should be met. For example, a child's risk assessment stated that there should always be two staff looking after them. However, staff reported that this is not followed. Staff said there are times when the child has a lone male working with them. This leaves the child and member of staff vulnerable because the risk assessment was not followed in relation to staffing ratios.

The recording of physical intervention lacks the required detail and clarity. For example, a number of records did not identify what led to a child being on the floor before they were held by staff. As a result, managers are not able to satisfy themselves that children are safe during physical interventions.

Children are not always properly supervised. For example, one child's risk assessment stated they should not be left alone. This was not followed, and as a result medical attention was required for the child. This was a failure of staff to provide the child with adequate supervision and to adhere to the risk assessment. Additionally, leaders and managers did not undertake a lessons-learned exercise to make sure that this does not happen again.

There have been several medication errors. Leaders and managers have not undertaken work to learn lessons from these errors. Staff are confused as why children are taking medication. This prevents staff from being able to monitor children's health and any effects of medication.

The effectiveness of leaders and managers: inadequate

Management monitoring systems are poor. The manager has not identified shortfalls in practice and has not thoroughly evaluated incident records and risk management strategies. For example, managers have approved risk management plans which lack the required information. In addition, physical intervention records have not been reviewed by managers. There is a failure to identify and challenge potentially poor practice by staff.

Staff do not receive regular and reflective professional supervision. There was no evidence of senior management oversight of staff supervision. This has failed to ensure that serious and specific incidents are discussed and reflected on in individual supervision meetings. There have been incidents where staff's performance has been poor and this has not been adequately addressed.

High staff turnover and staff vacancies have led to children's specific staffing ratios not being maintained. This has placed children at risk and has impacted their quality of care.

Staff are working increased hours to support children while vacancies are being filled. Staff report that they feel tired and overwhelmed by covering additional shifts. This is negatively impacting on staff morale. Staff say that the induction process for new staff is not robust. The induction lacks clarity over the behaviour exhibited by children and what staff will have to manage.

Staff do not all have the required training in communication, Makaton and picture exchange communication systems. For example, staff were not aware of a child's communication aids, despite their use in the child's education. This lack of training prevents the voice of the child from being heard fully because not all staff understand children's communication methods.

Managers do not deal with complaints effectively. For example, following an incident when staff placed a child at risk during an activity, the child's mother made a complaint. Although this was responded to, the mother did not receive a formal written response to the complaint.

Managers have failed to identify staff's inability to professionally challenge one another. This emerged from an investigation undertaken by leaders following a member of staff's complaint involving concerns over the failure of staff to challenge each other's care practice. This is a missed opportunity to further improve the quality of care.

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 children's views, wishes and feelings standard is that children receive care from staff who— develop positive relationships with them; engage with them; and take their views, wishes and feelings into account in relation to matters affecting the children's care and welfare and their lives. In particular, the standard in paragraph (1) requires the registered person to— ensure that staff— ascertain and consider each child's views, wishes and feelings, and balance these against what they judge to be in the child's best interests when making decisions about the child's care and welfare; help each child to express views, wishes and feelings; help each child to understand how the child's views, wishes and feelings have been taken into account and give the child reasons for decisions in relation to the child; regularly consult children, and seek their feedback, about the quality of the home's care; help each child to understand how the child's privacy will be respected and the circumstances when it may have to be limited; help each child to prepare for any review of the child's relevant plans and to make the child's views, wishes and feelings known for the purposes of that review; and	29 June 2022

make each child aware of and, if necessary, remind them of each of the matters in sub-paragraph (d)(i) to (iii); ensure that each child— is enabled to provide feedback to, and raise issues with, a relevant person about the support and services that the child receives; is given appropriate advocacy support; keep the children’s guide and the home’s complaints procedure under review and seek children’s comments before revising either document; ensure that an explanation is given to each child as soon as reasonably practicable after the child’s arrival about— what advocacy support or services are available to the child, how the child may access that support or those services and any entitlement the child may have to independent advocacy provision; and ensure that the views of each relevant person are taken into account, so far as reasonably practicable, before making a decision about the care or welfare of a child. (Regulation 7 (1)(a)(b)(c) (2)(a)(i)(ii)(iii)(iv)(v)(vi)(vii)(b)(i)(iii)(c)(d)(iii)(e)) This specifically relates to managers and staff seeking the views of children and using these views to inform their care.	
The positive relationships standard is that children are helped to develop, and to benefit from, relationships based on— mutual respect and trust; an understanding about acceptable behaviour; and positive responses to other children and adults. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff— meet each child’s behavioural and emotional needs, as set out in the child’s relevant plans;	29 June 2022

help each child to develop socially aware behaviour;

encourage each child to take responsibility for the child's behaviour, in accordance with the child's age and understanding;

help each child to develop and practise skills to resolve conflicts positively and without harm to anyone;

communicate to each child expectations about the child's behaviour and ensure that the child understands those expectations in accordance with the child's age and understanding;

help each child to understand, in a way that is appropriate according to the child's age and understanding, personal, sexual and social relationships, and how those relationships can be supportive or harmful;

help each child to develop the understanding and skills to recognise or withdraw from a damaging, exploitative or harmful relationship;

strive to gain each child's respect and trust;

are provided with supervision and support to enable them to understand and manage their own feelings and responses to the behaviour and emotions of children, and to help children to do the same;

de-escalate confrontations with or between children, or potentially violent behaviour by children;

understand and communicate to children that bullying is unacceptable; and

have the skills to recognise incidents or indications of bullying and how to deal with them; and

that each child is encouraged to build and maintain positive relationships with others.

(Regulation 11 (1)(a)(b)(c)
(2)(a)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(x)(xi)(xii)(xiii)(b)

This specifically relates to developing improved relationships between children and improved behaviour.

*The protection of children standard is that children are protected from harm and enabled to keep themselves safe.

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In particular, the standard in paragraph (1) requires the registered person to ensure—

that 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;

help each child to understand how to keep safe;

have the skills to identify and act upon signs that a child is at risk of harm;

manage relationships between children to prevent them from harming each other;

understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person;

take effective action whenever there is a serious concern about a child's welfare; and

are familiar with, and act in accordance with, the home's child protection policies;

that 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;

that the premises used for the purposes of the home are located so that children are effectively safeguarded;

that 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; and

that the effectiveness of the home's child protection policies is monitored regularly.

(Regulation 12 (1) (2)(a)(i)(ii)(iii)(iv)(v)(vi)(vii)(b)(c)(d)(e))

*The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children's home that— helps children aspire to fulfil their potential; and promotes their welfare. In particular, the standard in paragraph (1) requires the registered person to— lead and manage the home in a way that is consistent with the approach and ethos, and delivers the outcomes, set out in the home's statement of purpose; ensure that staff work as a team where appropriate; ensure that staff have the experience, qualifications and skills to meet the needs of each child; ensure that the home has sufficient staff to provide care for each child; ensure that the home's workforce provides continuity of care to each child; 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; demonstrate that practice in the home is informed and improved by taking into account and acting on— research and developments in relation to the ways in which the needs of children are best met; and feedback on the experiences of children, including complaints received; and use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(a)(b) (2)(a)(b)(c)(d)(e)(f)(g)(i)(ii)(h))	29 June 2022
The registered person must prepare and implement a policy ("the behaviour management policy") which sets out— how appropriate behaviour is to be promoted in the children's home; and	29 June 2022

the measures of control, discipline and restraint which may be used in relation to children in the home.

The registered person must ensure that—

a description of the measure and its duration;

within 48 hours of the use of the measure, the registered person, or a person who is authorised by the registered person to do so ("the authorised person"—

has spoken to the user about the measure.
(Regulation 35 (1)(a)(b) (3)(a)(iv)(b)(i))

This specifically relates to the accurate recording of incidents of physical intervention and oversight from managers of these records.

*These requirements are subject to a compliance notice.

Recommendations

- The registered person should ensure that staff are familiar with the home's policies on record-keeping and understand the importance of careful, objective and clear recording. Staff should record information on individual children in a non-stigmatising way that distinguishes between fact, opinion and third-party information. Information about the child must always be recorded in a way that will be helpful to the child.
(‘Guide to the Children’s Homes Regulations, including the quality standards’, page 62, paragraph 14.4)
- The registered person is responsible for ensuring that each child’s day-to-day health and well-being needs are met. Staff should work to make the children’s home an environment that supports children’s physical, mental and emotional health, in line with the approach set out in the home’s statement of purpose.
(‘Guide to the Children’s Homes Regulations, including the quality standards’, page 33, paragraph 7.3)

Information about this inspection

Inspectors have looked closely at the experiences and progress of children and young people, 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: SC020193

Provision sub-type: Residential special school

Registered provider: The SENAD Group Limited

Registered provider address: Senad Group Ltd, 1 St Georges House, Vernon Gate, Derby DE1 1UQ

Responsible individual: Mark Flynn

Registered manager: Position vacant

Inspectors

Pradip Panchmatia, Social Care Inspector

Zoey Lee, Social Care Inspector

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