SC020558

Registered provider: Overley Hall Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is privately owned and provides care for up to 22 children with severe learning disabilities, sensory impairment and autism. The home is situated on the same site as a special school. A separate residential home for young adults, registered with the Care Quality Commission, also operates in the school grounds. The inspectors only inspected the children's social care provision at this site.

There is a permanent registered manager at the home, who is experienced and qualified.

At the time of the inspection, 20 children were living at the home.

Inspection dates: 30 September to 2 October 2024

Overall experiences and progress of children and young people, taking into account	**requires improvement to be good**
How well children and young people are helped and protected	requires improvement to be good
The effectiveness of leaders and managers	requires improvement to be good

The children's home is not yet delivering good help and care for children and young people. However, there are no serious or widespread failures that result in their welfare not being safeguarded or promoted.

Date of last inspection: 31 October 2023

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
31/10/2023	Full	Good
01/11/2022	Full	Good
24/08/2022	Full	Inadequate
13/07/2021	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: requires improvement to be good

All children living in the home were present and seen by inspectors. Children have made some progress and have some good experiences. However, shortfalls in the quality and standard of care have reduced the effectiveness of children's overall experiences.

Children's plans do not consistently set out how staff should respond to their health needs, for example epilepsy plans. Parental feedback also highlights shortfalls in the standard of personal care for children in relation to their hair and nail care. Managers have taken some action to make improvements by increasing their monitoring of these aspects of children's care.

At times, children's cultural needs are well supported. For example, one child attends church regularly. However, at other times, there is insufficient planning or a delay in meeting children's needs. For example, a specialist hairdresser has only recently helped the staff to learn about the day-to-day care of Afro-Caribbean hair.

Overall, the home environment is well designed, and children's bedrooms are pleasant spaces that reflect their interests. Some areas of the home where children spend time are also used by staff as office bases, which detracts from the homely feel. The home has some excellent facilities, such as playground and soft-play areas and a cinema room.

Some children have moved on from the home as a natural progression due to them becoming adults. Two children have moved on from the home as their needs could no longer be met. There has been good partnership working with the multi-agency teams to support care planning for children moving on.

Staff are skilled at communicating with children, which helps children to make choices and share their feelings. Approaches to this are continually being developed with the support of the home's therapy team. Social stories help children to learn about routines and changes. For example, when a child's electronic communication device was broken, they were helped to accept a new one through a visual social story.

Managers and staff plan a variety of activities for children to enjoy. These include going on holiday, attending a youth club and participating in activities in the home, such as sensory play and craftwork. Staff help children to keep in touch and spend time with the people who are important to them. All children attend school, and this routine is well established at the home.

How well children and young people are helped and protected: requires improvement to be good

Managers take action when safeguarding concerns are identified. However, when children make allegations, there is a lack of professional curiosity. Therefore, adherence to procedures is inconsistent.

The number of incidents at the home is very high. Since the previous inspection, 983 incidents have involved the restraint of children. On occasions, staff have used techniques that are not in keeping with approved strategies. Additionally, at times, staff physically intervene too quickly due to a lack of confidence. The high number of restraints children are involved in, and witness to, detracts from their positive experiences at the home.

Children's plans do not sufficiently detail the arrangements for the use of surveillance. This is not reviewed to explore if this continues to be the least intrusive approach. For example, it is not clear when bedroom monitors are to be used, so this may impinge on children's privacy and dignity.

Some medication errors have been made at the home. When this happens, managers carry out a thorough investigation and share any learning with the staff. Staff are retrained and reassessed for competency. Despite these actions, during the inspection, a box of medication was seen to have been left in a child's bedroom.

Children have not gone missing from the home, and this risk is considered in their plans. Overall, staff understand children's risks. Staff provide children with supervision in line with their plans, which helps to keep children safe.

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

There has been a high staff turnover at the home. The number of new staff reduces the workforce expertise and consistency of care to children.

Monitoring and review systems are not used effectively. For example, children's care planning meetings are infrequent. Management oversight of children's incidents is weak. This does not promote staff reflection, and learning is limited. This opportunity is further reduced as staff do not always receive regular supervision. There have been occasions when staff have not had supervision for over three months.

Managers audit incident records to understand patterns and themes. At times, this feeds into children's care planning. For example, for one child, removing the time pressures to get to the classroom has reduced the need for staff to physically intervene. However, such action is not always taken in a timely way. There is a lack of aspiration to reduce the use of physical intervention at the home.

Overall, staff receive training that equips them well to meet children's needs. However, managers are not always proactive in implementing bespoke training. For example, child-

specific mental health training has not been provided to staff, despite this being a known need.

The home is sufficiently staffed. Staff who are new to the home, including agency staff, have a good introduction to the home. Recruitment to fill vacancies is an ongoing process, and staff are safely recruited with appropriate checks being carried out.

Managers recognise some of the shortfalls and have started to take action to change the culture and ethos at the home, through bringing in specialist approaches. However, this is not yet embedded, so the effectiveness cannot be assessed.

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, The 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 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— ensure that staff have the experience, qualifications and skills to meet the needs of 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; use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(a)(b) (2)(c)(e)(f)(h)) This specifically relates to ensuring that all staff receive good-quality and regular supervision that supports their development. This also relates to ensuring that all staff receive training that equips them with the knowledge and skills to meet children's specific needs. This also relates to managers fully understanding children's experiences living at the home. Monitoring systems and records	31 January 2025

must be reviewed and used effectively to review the quality of care and make improvements.	
The protection of children standard is that children are protected from harm and enabled to keep themselves safe. 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; have the skills to identify and act upon signs that a child is at risk of harm; understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person; 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 effectiveness of the home's child protection policies is monitored regularly. (Regulation 12 (1) (2)(a)(i)(iii)(v)(b)(e)) This specifically relates to ensuring that staff are competent in using physical intervention and that it is only carried out when necessary and using approved techniques. This also relates to ensuring that managers provide clear and objective guidance to staff on how to respond in the event of a child making an allegation. In addition, managers must follow the policy and procedure in responding to allegations, including informing the regulator.	31 January 2025
The registered person must ensure that— within 24 hours of the use of a measure of control, discipline or restraint in relation to a child in the home, a record is made which includes— details of any methods used or steps taken to avoid the need to use the measure;	31 January 2025

the effectiveness and any consequences of the use of the measure; and 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 (3)(a)(v)(vii)(b)(i)) This specifically relates to ensuring that records are accurately completed in sufficient detail and include effective management oversight to inform children's plans. In addition, managers must help staff to reflect on physical interventions to identify any learning and to reduce the frequency of interventions where appropriate.	
The registered person may only use devices for the monitoring or surveillance of children if— the child's placing authority consents in writing to the monitoring or surveillance; the monitoring or surveillance is no more intrusive than necessary, having regard to the child's need for privacy. (Regulation 24 (1)(b)(d)) This specifically relates to ensuring that children's plans clearly set out the arrangements for any surveillance deemed necessary. These arrangements must be reviewed, and consent must be obtained.	31 January 2025
The health and well-being standard is that— the health and well-being needs of children are met; children receive advice, services and support in relation to their health and well-being; and children are helped to lead healthy lifestyles. (Regulation 10 (1)(a)(b)(c)) This specifically relates to ensuring that children's health plans are informed by the relevant health professionals and provide staff with clear guidance to respond to children's needs.	31 January 2025

In addition, staff must help children to maintain a good standard of personal care.	
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— medicines kept in the home are stored in a secure place so as to prevent any child from having unsupervised access to them; medicine which is prescribed for a child is administered as prescribed to the child for whom it is prescribed and to no other child. (Regulation 23 (1) (2)(a)(b)) This specifically relates to ensuring that staff are vigilant about the safe storage of medication and follow protocols in place for the administration of medication.	31 January 2025

Recommendation

- The registered person should ensure that children maintain and develop their cultural or religious beliefs as far as practicable and where appropriate. This includes managers being proactive in planning for children's care to meet their cultural needs. ('Guide to the Children's Homes Regulations, including the quality standards', page 17, paragraph 3.22)

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: SC020558

Provision sub-type: Residential special school

Registered provider: Overley Hall Limited

Registered provider address: Overley Hall School, Overley, Telford, Shropshire TF6 5HE

Responsible individual: Catherine Cooil

Registered manager: Anna Davies

Inspectors

Alison Snell, Social Care Inspector
Tara Webb, Social Care Inspector
Sonia Sullivan, Social Care Inspector

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