SC023636

Registered provider: Institute of Integrated Systemic Therapy

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home is operated by a charitable organisation. It is registered to provide care for up to 10 children who may have social and emotional difficulties. The home forms part of a residential therapeutic community providing therapeutic care and treatment. There were eight children living in the home at the time of this inspection.

The manager registered with Ofsted in September 2022.

Inspection dates: 2 and 3 July 2025

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	good

The children's home provides effective services that meet the requirements for good.

Date of last inspection: 21 October 2024

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
21/10/2024	Full	Good
13/03/2024	Full	Good
22/11/2022	Full	Good
14/03/2022	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: good

The home is relaxed and calm. The children interact naturally with staff and staff are readily available to offer support when needed. The children are encouraged to participate in the running of the household, enjoying mealtimes together and clearing the table. The children have access to a well-equipped, large garden and several communal areas. The home has pet rabbits, which the children take turns to care for. One child has their own pet gerbils.

Children have personalised plaques on their bedroom doors, named pegs for their coats and personalised table mats for meals. The children get to take some of these with them when they move on as a keepsake of their time living in the home. Children's photographs and artwork are displayed throughout the home. This practice supports the children's growing sense of belonging.

The staff understand the children well and understand how to apply the principles of the home's model of care to their practice. The staff help the children to understand their feelings and spend time with their families when they are ready to do so.

Children benefit from good attendance at school. Staff have close links with school staff, which supports children's attendance and attainment. The home has a large selection of books and a summer reading challenge is underway, which the children are fully engaged with.

Staff help the children develop their individual identities. One child is being supported to reengage with his culture and heritage. Staff are aware of the challenges this brings for the child and have ensured that their approach has been sensitive to this. Life-story work is carried out in consultation with the children's social workers and family members. This is child led. The children benefit from these sessions in processing their life history.

Moves out of the home are well planned and child centred. Staff prepare the children for moving on and outreach support following moves is available. The remaining children in the home are given opportunities to discuss their feelings when others move out of the home, and when new arrivals move in.

The children's guide is child friendly and appropriate to the ages of the children. The staff have produced a supplementary 'parents' guide', which provides a detailed overview of the home, its support and services, alongside contact details for the in-house family and placement team. This supports open communication and further promotes family time for the children.

Generally, plans are detailed and clear for the staff to understand each child's needs and areas where they need support. Risk assessments and behaviour plans are detailed to help staff understand any risks for the children. However, when there are new emerging

risks and rules for staff to implement with the children, these are not always clear. This has not negatively affected the children's overall progress and well-being, but could result in some inconsistent practice from staff.

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

Children currently have access to a child-friendly Wi-Fi that has appropriate parental controls and restrictions in place. The children's access to the internet is fully supervised by staff due to their ages. There is literature available to support safe online use, and the manager has plans for additional direct work to take place with the older children in line with their age and stage of development.

Serious incidents in this home are rare. The children have not been missing from home and they have not raised any complaints. Where serious incidents do occur, the manager notifies Ofsted. There was one occasion where there was a delay in the notification being submitted. This had no negative effect on the safety and well-being of the children.

The staff have used a high level of physical interventions. The staff are trained in the home's model of de-escalation and restraint. The staff understanding of when to use physical intervention and the recording of its use is inconsistent. The children are not at risk of harm from this. However, there are risks of staff using inconsistent practice.

Staff liaise with children's social workers when the children raise concerns or make allegations. However, these concerns are not routinely shared with the local authority designated officer (LADO). In circumstances where the children have made a high number of allegations, the senior leadership team makes attempts to agree allegation protocols. However, the LADO is not involved in this process. Managers have not escalated attempts at agreements when the managers do not receive sufficient responses to their requests. This has not resulted in the child being at left at risk of harm.

The staff use door alarms on children's bedrooms. This practice is detailed in the home's statement of purpose and within the children's guide. Agreement and consent for the use of these alarms are on file. However, the use of door alarms is not regularly reviewed, and the staff approach to their use is standardised rather than individualised for the children.

Safer recruitment practices are not always followed. Although checks completed are generally good, on one occasion the original copy of one member of staff's DBS was not seen or checked.

Medication practices are not always effective. The children are prescribed minimal medications. Staff administer medication appropriately and there have been no medication errors. However, medication storage is not subject to temperature checks. The room the medication is stored in is very hot, meaning medication is not stored in

accordance with the manufacturer's guidance. One child has emergency medication and not all staff are trained in the administration of this medication. The manager has arranged for this training to take place. However, there was no system in place to monitor this training gap. Although this medication has not been used since the child has been living in the home, this oversight has the potential to leave the child at risk.

The effectiveness of leaders and managers: good

The home is managed by a suitably qualified and permanent manager. The manager is highly child focused and is a strong role model for the organisation's model of care. She is a present figure in the home and knows the progress made by the children.

Professionals are positive about the care the children receive and the progress the children make. They say that this is due to the close and trusting relationships the children form with the staff. They say staff are skilled at meeting the children's complex needs, including any associated behaviours. Professionals report good communication with staff. A child's independent reviewing officer said they are 'impressed with the level of care' afforded. A social worker said that staff show 'outstanding commitment and organisation' specifically regarding the children's health appointments and therapeutic care.

There have been some changes to the staff team over recent months. The staff are preparing for another core member of the team to move on. This has created some challenges for the children and remaining staff team. Staff are not routinely being offered exit interviews and there is a missed opportunity for the manager to highlight any themes or patterns that may be emerging.

New staff say they are well supported and have frequent opportunities to talk about their role. There is a culture of open discussion and challenge facilitated by the home's therapists, which is in line with the model of care. Staff enjoy working at the home. They say it 'doesn't feel like work' as they have fun. Staff know how to raise concerns about the children. They understand the risks for the children and can identify progress the children have made.

Staff report that supervision is taking place regularly and they find this space helpful. The manager does not have a monitoring system in place to ensure that supervision is taking place in line with the organisation's policy and that records of supervision are completed promptly. This has resulted in significant gaps in staff records of supervisions and notes from these supervisions being unavailable for the staff.

The migration to a new recording system has created some barriers to the manager's oversight and monitoring of the service. In the interim, the manager has not devised effective systems to ensure that effective monitoring is taking place. This transition has also meant that not all records are easily accessible. Key documentation such as consents and safeguarding records have not been transferred. Delegated authority is not clearly set out in the children's plans or agreed with placing authorities.

Consequences are used by staff infrequently. The recording of consequences is inconsistent, and consequences for behaviours do not always align with the home's model of care. This deviates from the home's therapeutic model. The manager's monitoring systems have not identified this and, as a result, this has been a missed opportunity to learn from practice.

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 the home's workforce provides continuity of care to each child; use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(a)(b) (2)(e)(h)) In particular, that the manager has effective monitoring systems in place that support clear oversight of all aspects of the home. This includes the supervision of staff in line with the organisations policies and that medication is stored in line with the manufacturer's guidance. In particular, that the manager ensures that all staff are clear on behaviour management strategies, including the use of consequences, and that this promotes consistency of care as set out in the home's statement of purpose. In particular, the manager must ensure that staff have the relevant skills and knowledge to be able to respond to the health needs of children, including the administration of emergency medication.	3 October 2025

Recommendations

- The registered person should ensure that any modification to the environment of the home, including door alarms, must only be made where this is intended to safeguard the child's welfare. All decisions should be informed by a rigorous assessment of that individual child's needs, be properly recorded and be kept under regular review. ('Guide to the Children's Homes Regulations, including the quality standards', page 15, paragraph 3.10)
- The registered person should ensure that each child's placement plan sets out the permissions that their placing authority has delegated to the registered person. This should provide clarity on the home's ability to give permission for school trips, sleepovers or the child's involvement in sporting, leisure and cultural activities. ('Guide to the Children's Homes Regulations, including the quality standards', page 16, paragraph 3.16)
- The registered person should ensure that there are clear arrangements agreed with safeguarding partners including the local authority when children make repeated allegations about staff. The registered person should follow the safeguarding policy for the home in lieu of this agreement. ('Guide to the Children's Homes Regulations, including the quality standards', page 44, paragraph 9.19)
- The registered person should ensure that they maintain good employment practice. They should ensure that recruitment of staff safeguards children and minimises potential risks to them. ('Guide to the Children's Homes Regulations, including the quality standards', page 61, paragraph 13.1)
- The registered person should ensure that a record of supervision is kept for staff, including the manager. The record should be available to staff to aid their development. ('Guide to the Children's Homes Regulations, including the quality standards', page 61, paragraph 13.3)

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: SC023636

Provision sub-type: Children's home

Registered provider address: Institute of Integrated Systemic Therapy, 210 Borough High Street, London SE1 1JX

Responsible individual: Gary Yexley

Registered manager: Olivia Parvin

Inspectors

Cassie Martin, Social Care Inspector (Lead)
Mark Dawkins, Social Care Inspector

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