SC023636

Registered provider: Childhood First

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home is registered to accommodate up to 10 children, irrespective of gender, aged five to 14. The home specialises in the treatment of children who present with severe emotional and/or behavioural problems. The home is a specialist therapeutic residential community providing care and treatment to psychologically traumatised children. It is operated by a charitable organisation.

Inspection dates: 28 to 29 June 2017

Overall experiences and progress of children and young people, taking into account	**outstanding**
How well children and young people are helped and protected	outstanding
The effectiveness of leaders and managers	outstanding

The children's home provides highly effective services that consistently exceed the standards of good. The actions of the children's home contribute to significantly improved outcomes and positive experiences for children and young people who need help, protection and care.

Date of last inspection: 12 January 2017

Overall judgement at last inspection: Improved effectiveness

Enforcement action since last inspection

None

Key findings from this inspection

This children's home is outstanding because

- The home's model of therapeutic care is understood by staff and implemented in practice. This ensures that children receive consistent care.
- Comprehensive assessments of children's needs are undertaken and these inform the care planning process and strategies for supporting children.
- The majority of children make excellent progress in terms of their ability to build and sustain positive relationships and improve their social skills.
- Systems for monitoring children's progress are strong. This enables the home to demonstrate the positive impact the care is having on the children.
- Children have access to specialist therapeutic counselling which is tailored to meet their specific needs.
- The admissions process is highly effective in ensuring minimal disruption to children already living in the home.
- There are well established systems for monitoring the quality of care being delivered. These quickly identify any weaknesses in the provision and prompt action is taken to address these.
- Managers are committed to ensuring continuous improvement through learning from practice. The monitoring of physical interventions is seen as an opportunity to improve outcomes for children.
- Strong and effective behaviour management plans and strategies are in place. These support children to manage their behaviour more effectively.
- The majority of children make significant progress in terms of their engagement with education.
- Innovative work is undertaken with family members to ensure that contact visits are a positive experience, leading to improved relationships between the parent and child.
- Excellent healthcare provision results in children becoming more aware of the importance of making healthy lifestyle choices.
- Leaders ensure a strong focus on promoting the professional development of staff. Staff are supported to reflect on their practice in order that they can consistently meet the needs of vulnerable children.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
12/01/2017	Interim	Improved effectiveness
09/11/2016	Full	Outstanding
29/12/2015	Interim	Improved effectiveness
22/07/2015	Full	Good

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

Recommendations

- Ensure the performance management 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)
  Specifically, when disciplinary investigations identify serious concerns about the behaviour of a member of staff, take advice from the Disclosure and Barring Service on whether to make a referral.
- Ensure placement plans include details of the steps the home will take to manage any assessed risks on a day-to-day basis. ('Guide to the children's homes regulations including the quality standards', page 42, paragraph 9.5)
  Specifically, ensure that children's individual risk assessments contain details of all the strategies being implemented to reduce the risk of the child coming to harm.

Inspection judgements

Overall experiences and progress of children and young people: outstanding

The home provides care based on an established model of therapeutic interventions. This is embedded in practice and staff are able to give clear examples of practice based on the therapeutic model. Consequently, children benefit from receiving consistent care which enables them to develop a sense of stability and security within the home. The quality of relationships is a key aspect of the therapeutic model. Children build strong, trusting relationships with all staff, but the key-worker role is pivotal. Most children develop appropriate attachment to their key worker and this relationship contributes towards improved emotional well-being and self-esteem. A social worker commented, 'He [the child] has embraced the therapeutic community; it feels natural, relaxed and comfortable.'

Staff know the children well, and are aware of their specific needs and vulnerabilities. They consistently hold children in mind, and anticipate situations where a child could become anxious and feel insecure. During lunchtime, staff were observed to be nurturing, taking an interest in how the children had managed in school during the morning and joining in the banter and conversation, while maintaining appropriate boundaries if children's behaviour fell below the expected standard.

Most children make good, and in some cases exceptional, progress in terms of their emotional development and social skills. A social worker reported that, 'the transformation has been amazing,' when talking about the child's ability to build positive relationships with adults and peers, and feel more in touch with his emotional responses, adding, 'He is now able to feel remorse.' Children develop the confidence to express their feelings in the weekly community meetings. This helps to resolve any conflicts and

ensures that the group is aware of difficulties that other members might be experiencing.

Children are provided with a range of opportunities to express their views on the care they are receiving and the progress they are making. As well as the weekly community meeting there is a boys' group and a girls' group where issues can be discussed. A children's message book and an 'I want you to know' book are available for children to put their views in writing. These are frequently used by the children, and staff respond in writing to any suggestions made. Children's independent advocacy services are promoted and children complete questionnaires about the care they are receiving prior to their statutory looked after child review meetings. Many children are able to reflect on the progress they are making in the home, and record their views on how well they are doing in terms of reaching their goals and targets. The children attribute their successes to the care they receive. One child told the inspector, 'The staff help you a lot to do well here.'

All children attend the organisation's school, which was inspected by Ofsted at the same time as this inspection. Since the last inspection in November 2016, school attendance has been excellent, apart from that of one child who was experiencing significant emotional distress. This is a major achievement, given that the majority of children have had negative experiences of education prior to moving to the home. Communication between care staff and teaching staff is highly effective, meaning there is a planned and consistent approach to helping children resolve any difficulties they may experience within the school environment.

Healthcare provision is excellent. Leaders and managers have taken a proactive approach to ensuring that children learn the benefits of a healthy lifestyle. For example, they have developed a working relationship with a dietician, who advises on the provision of a nutritious balanced diet, and arranges for assessments of children's dietary needs to be undertaken. One child told the inspector that as a result of her appointments with the dietician she has increased her calcium intake and another child explained the nutritional content of the food served at lunchtime.

A sensitive approach is taken to providing children with age-appropriate sex education and sexual health advice at the organisation's school. Staff anticipate which children might struggle in these lessons and they arrange one-to-one tuition for those who may find it difficult to work in a group. Care staff are well prepared for any questions, anxieties or challenging behaviour that might result from the work being undertaken in school.

A high priority is given to supporting children to develop and sustain good mental health and emotional well-being. From the point of admission, each child's needs are comprehensively assessed and three months after admission a 'state of mind and psychotherapy' assessment commences. A suitably qualified head of therapy oversees these assessments and, along with another psychotherapist, provides individual psychotherapeutic counselling to the children. The home is open to facilitating the provision of other counselling disciplines where psychotherapy is not thought to be in the

child's best interests.

Innovative work is undertaken by the home's placement and family support worker to promote placement stability, ensure family contact is a positive experience and liaise with alternative care providers when a child is moving on. This ensures that placing authority social workers are kept fully engaged in planning the child's care, and that support is given to family members so that contact visits are a positive experience for all involved. Parents are provided with information on how their child is being cared for and they are given advice about how to engage positively during contact. Detailed planning ensures that contact visits minimise any distress for the child. This approach has had positive results, with some parents becoming far more involved in the care planning process and rebuilding previously damaged relationships.

Children enjoy a range of positive activities both in and outside the home. Children were observed happily playing in the home's garden, with staff joining in and encouraging children to do well in their chosen activity. Children are supported to engage in a range of community-based activities, such as the scouts, street dancing and a gymnastics club. This allows children to build their confidence and self-esteem and to develop relationships with peers outside the home. Special outings, such as trips to the zoo or to the theatre, are arranged in conjunction with the organisation's school.

Overall, children living at this home settle well, have a positive day-to-day experience and make sustained progress across all aspects of their lives.

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

The strong safeguarding culture results in managers and staff prioritising the need to protect children from harm. Children say that they feel safe and have confidence in the ability of staff to manage situations which could have a negative impact on their physical and emotional well-being. For example, during a children's community meeting one child said that her peers were being unkind to her. This resulted in a discussion about the stress and anxiety bullying can cause and the expectation that children will maintain positive peer relationships. At the subsequent children's meeting, staff and children were able to reflect and acknowledge that the atmosphere within the group had improved.

Children develop strong, trusting relationships with staff, particularly with their key workers. This ensures that children can always identify a member of staff with whom they have the confidence to share their worries and concerns. One child was able to share their experience of racist attitudes with a trusted staff member, and this quickly resulted in action to address the issue.

Managers and staff have a thorough understanding of the needs, vulnerabilities and associated risks relating to each child. This includes new staff, who quickly familiarise themselves with children's individual risk assessments in order to minimise the potential of children coming to harm. A relatively new member of staff was able to explain to the inspector whether there were any children who had been assessed as having the

potential to harm any of their peers. Risk management practice is strong, although in a minority of cases the written assessment is not a detailed account of all the strategies needed to protect a child. For example, the registered manager described a number of interventions being used to reduce sexually harmful behaviour, but not all of these interventions were explicit in the associated risk assessment document.

The home is well resourced and staffing levels ensure that children are supervised at all times. No children have gone missing from the home since the last full inspection in November 2016. The protocol for responding to missing-children episodes, and to children's individual risk assessments, provide staff with clear instructions on the actions they should take if a child goes missing. Although it has not been necessary to arrange independent return home interviews for children, the registered manager confirmed that he will review who will conduct these should the need arise.

The standard of behaviour management plans and practice in the home is excellent. Children's plans clearly identify potential triggers for unacceptable behaviour, and how a child's demeanour may change when they are feeling anxious. Detailed strategies for de-escalating challenging behaviour are in place and these are implemented in practice. Practice relating to the physical restraint of children is exceptionally good. Weekly physical restraint review meetings take place when necessary. This enables leaders and managers to review staff practice. The meetings also provide an opportunity to assess what may be going on for the child that has resulted in the challenging behaviour leading to a physical restraint. The home's head of therapy attends these meetings.

The physical restraint review meetings also enable senior staff to review the current strategies for caring for the child, and to reflect on whether these should be amended. Risk assessments may also be updated following the review meeting. For example, the risk assessment for a child displaying self-harming behaviours was updated after a physical intervention was used to prevent the child from coming to harm. The recording of physical restraints is of a high standard, and clearly states the child's view about the incident. In one case it is recorded that the child stated that they felt safe, even when being held by staff.

Any child protection concerns are reported immediately to the child's placing authority, and to the local safeguarding children team when appropriate. Detailed records, including a chronology, are kept of all the actions taken following a child protection concern being raised. Case notes record how any decisions taken by safeguarding professionals have been implemented. All social workers spoken to during this inspection confirmed that information is shared in a timely manner.

Staff are familiar with the risks that children may be exposed to when accessing the internet. Due to the age and vulnerabilities of children in the home, internet access is closely monitored. Through a combination of lessons at the organisation's school and open discussions within the home, children are educated and empowered to identify how their internet use could put them at risk.

The organisation's nearby school was also inspected by Ofsted at the time that this

inspection was being conducted. The education inspector examined the organisation's recruitment procedure and practice, and identified that the safety of children is prioritised very effectively when new staff are being appointed.

The monitoring of staff performance focuses on the need to protect children from harm. Staff are familiar with the organisation's whistle-blowing procedures and these were recently used to good effect. This resulted in a comprehensive investigation being undertaken into the behaviour of a member of staff who was not working directly with children. Effective action was taken to ensure that children were not put at risk while the investigation took place. However, at the end of the process insufficient consideration was given to the need to consult the Disclosure and Barring Service, to determine whether a referral should be made.

Well-established systems for monitoring all aspects of health and safety are in place. Fire safety procedures are afforded a high priority. During the inspection, two maintenance shortfalls were identified by the inspector. These were rectified immediately when they were bought to the attention of the registered manager.

The effectiveness of leaders and managers: outstanding

The home is managed exceptionally well by an experienced manager who was registered by Ofsted in November 2016. He holds the level 4 diploma in leadership and management for care service and health and social care. The registered manager is supported by three assistant directors who each have identified areas of responsibility for maintaining standards. In addition there are three team leaders managing three teams of care staff. Recently, the organisation has increased the staffing ratio per child, and this has helped to ensure that there are always sufficient numbers of staff to give children the attention they need. Six staff have left the home since the last full inspection in November 2016 and eleven staff have been recruited.

Arrangements for monitoring the quality of care provided to children are highly effective. The registered manager's monitoring of serious incidents and physical restraints is focused on how to improve the service and how to develop further children's care plans. There is a strong emphasis on learning from practice. For example, both the registered manager and the head of therapy spoke about the learning from a recent placement breakdown. The manager had reflected on whether the home's admission process should be reviewed and amended, and the head of care made reference to how the psychotherapeutic counselling model had been tailored to what the child was able to manage during a time of crisis.

The home's independent visitor provides detailed external scrutiny of the standard of care. Her reports identify any shortfalls in the effectiveness of monitoring systems and the registered manager responds promptly to any recommendations made. An example of this is how the independent visitor recently identified that the registered manager had not reviewed the minutes from a children's community meeting within the expected time frame. This was then quickly rectified. Six-monthly quality of care review reports identify

emerging trends, such as increased levels of physical intervention, and analyse the possible factors behind these.

A strength of this home is the standard of assessment of children's needs and subsequent care planning. The assessment process is comprehensive, and spans a two-year period. Assessments are completed within the stated time frame, and detailed reports of the child's emotional, physical and health needs are compiled. This information is used to develop highly individualised care plans, which provide staff with clear strategies for meeting children's needs. This results in children receiving consistent, well-planned care. Although the home has an established model of care, leaders and managers work in partnership with placing authority social workers to ensure that the child's needs are being met in the most effective way. One social worker stated, 'This is a thoughtful provision, and managers are prepared to reflect and change their view; they are not rigid and this is very helpful for me in my work with the child.'

Systems for monitoring children's progress are highly effective, and progress reports provide clear evidence of the effect the home's care and therapeutic interventions are having on the child. These reports contain detailed analysis of how children use various group meetings and how these contribute to children's increased ability to reflect and manage social situations. A recognised 'strengths and difficulties' screening tool is also used to identify and agree achievable goals with each child, and progress is tracked over time.

Leaders and managers are proactive in driving forward children's long-term plans. They consistently engage placing authorities in this process, particularly when there are concerns that children are not making sufficient progress. Leaders and managers will challenge placing authorities if they perceive that other professionals are not working in the child's best interests. One such challenge came when insufficient progress was being made in identifying a foster placement for a child who was ready to move on. In the spirit of partnership working, it was agreed that the home would begin using its own resources to identify a family placement for the child.

There is a strong focus on staff development and staff receive excellent support to undertake their roles effectively. An experienced member of staff, who is relatively new at the home, said, 'Compared to where I have worked before, this is on a different level.' Staff receive practice-based supervision within the timescale set out in the home's statement of purpose. There are several forums in which staff can reflect on their practice and learn from their colleagues. These include team meetings, key-worker group meetings and dynamics meetings, where staff discuss relationships within the team and resolve any issues that could impact negatively on the children. This ensures collaborative team working and consistency of care for the children.

The organisation offers a comprehensive range of training opportunities, including a bespoke level 3 diploma in therapeutic childcare. Gaps in training, which could result in staff not having the skills to meet the particular needs of the children, are quickly identified. Staff recently received training related to self-harming behaviours, in recognition that one particular child could be at risk of harm if not supported

appropriately to manage such behaviours. During this inspection some minor shortfalls were identified in the recording of training completed, and refresher training that is due. This resulted in the registered manager reviewing all training records, and taking action to ensure that a minority of staff members undertake refresher training in core subjects, which are overdue.

Practice relating to the admission of children is excellent. Leaders and managers, including the head of therapy who is a registered child psychotherapist, give careful consideration to the likely impact new admissions will have on the established group of children. Records indicate that information contained within referral documents is analysed in order to predict how the behaviours of the new admission could affect the other children. When agreement is reached to admit a new child, detailed planning is undertaken to ensure that the child has a successful induction to the home. As a result, most children settle quickly and begin to engage well with the model of care being provided.

This is a busy home with a lively group of children. Consequently, there is constant wear and tear on the furnishing and decoration. Overall, the home is well maintained and provides children with a homely environment. Some communal areas require redecoration, which the registered manager acknowledged. There is a detailed schedule of maintenance, which is used to ensure that areas requiring redecoration will not be left to deteriorate to an unacceptable level.

Information about this inspection

Inspectors have looked closely at the experiences and progress of children and young people. Inspectors considered the quality of work and the difference made to the lives of children and young people. They watched how professional staff work with children and young people and each other and discussed the effectiveness of help and care provided. Wherever possible, they talked to children and young people and their families. In addition, the inspectors have tried to understand what the children's home knows about how well it is performing, how well it is doing and what difference it is making for the children and young people who it is trying to help, protect and look after.

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: Childhood First

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

Responsible individual: Stephen Blunden

Registered manager: Mark Newington

Inspector

Stephen Collett: social care inspector

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