

SC023744

Registered provider: Ethelbert Specialist Homes Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This children's home provides care and accommodation for up to three children with social, emotional and, or mental health needs. It is privately owned and part of a larger company, which has several similar homes in the area. The company also operates a school.

The manager was registered on 16 June 2022.

Inspection dates: 22 and 23 August 2022

Overall experiences and progress of children and young people, taking into account	good
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How well children and young people are helped and protected	good
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The effectiveness of leaders and managers	requires improvement to be good
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The children's home provides effective services that meet the requirements for good.

Date of last inspection: 7 September 2021

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
07/09/2021	Full	Good
10/03/2020	Full	Good
08/01/2019	Full	Good
01/06/2017	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: good

Managers and staff know the children well. They are quick to find out about children's likes and dislikes. Staff put children at the centre of their practice, despite the aggression they are sometimes shown. As one member of staff said, 'We don't hold anything against them.' Children, therefore, experience care from adults who are resilient and continually look for the best in the children they care for.

As far as their age and understanding allows, children are also helped to understand and join in decision-making about their lives. For example, children are actively encouraged to participate in day-to-day decisions such as menu choices and the decoration of the home. The kitchen and dining room has recently been refurbished.

Compatibility assessments seek to ensure that children who come to live in the home are well matched with children already living at the home. New children are given the opportunity to visit the home before they move in.

Staff help children to retain and improve relationships with people who are important to them. This helps to ensure that, where possible, ties with family and friends continue throughout the time the child lives at the home.

Managers and staff know children's wishes about where they want to move to after they leave the home. This information is shared with professionals to try and achieve these wishes, although this may not be as quick as children and families would like.

Staff work well with the school associated with the home and with other education providers. This has led to great improvements in children's school attendance and achievements.

Attempts to improve children's physical health are mixed. Not every child responds to encouragement to exercise and to eat a healthy diet. Opportunities to reinforce messages about portion control were not taken during the inspection and did not feature in records of staff discussions with children.

Staff support children's mental health, including encouraging children to attend therapy sessions and to talk to staff when they have negative feelings.

Staff help children to manage conflicts between them, but children report that these conflicts can resurface regularly. During the inspection, children were seen talking together well. For example, children were seen to be comfortable in each other's company at mealtimes.

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

Staff support children to take age-appropriate risks to increase their levels of independence. This includes using public transport and making their own way to and

from school. Any issues that arise are dealt with sensitively so that children learn that it is not a failure if they make mistakes.

Occasionally, a child may leave the home without permission, but staff respond quickly. They follow or search for the child and talk to them about what led to them walking off. Children return promptly and safely to the home as a result.

Children say that they are rude or aggressive to each other and do not feel safe in each other's company. Staff are aware of this and seek to help children manage these relationships. Staff will step in to avoid difficulties escalating, and will occasionally use physical intervention to prevent harm.

Some family members are concerned about the conduct of other boys in the home or school and are not always satisfied with the actions of the manager and staff. However, other professionals think that staff 'have a good handle on behaviour'. This is supported by a substantial reduction in the number of physical interventions for one child.

Risk assessments have been improved and this has resulted in fewer physical holds being used.

All children could name at least one trusted adult in the home who they talked to about any concerns. These positive relationships are used to address problematic behaviour rather than rely on sanctions to encourage better self-discipline.

Senior staff speak to children after they have been held, but these discussions are about what led up to the intervention, particularly how the child could have behaved differently. Children are not routinely asked about the experience of being held itself, which means that insights into what it was like and potential learning is missed. Records are not always clear about what staff did to deescalate behaviours before a restraint was used.

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

The registered manager is also a senior manager for the organisation, and is currently mentoring a member of staff who is intending to apply to be the new registered manager.

Leaders and managers have not reviewed policies and documents to ensure that they fully reflect the requirements of regulations. These include the behaviour policy (which does not set out how appropriate behaviour will be promoted); quality of care reviews (which do not include the views of children, their parents, or staff, nor sets out specific action plans); and the children's guide (which does not provide sufficient information about how to make a complaint or to request an advocate). In addition, the safeguarding policy does not provide guidance to staff about what they should do if they suspect that one child is abusing another, or the timescale for each step senior managers should take to address a safeguarding concern.

This has resulted in gaps in the staff knowledge in how to manage child-on-child abuse, and for children to know about how an advocate could help them.

There has been a concerted effort to improve recording in the home, with staff assisting each other to raise standards. However, some shortfalls remain.

Leaders and managers have high expectations for children and have successfully challenged providers of other services to see children's potential.

Managers have supported staff to reflect on incidents to identify why children have behaved as they have, and to develop new strategies to avoid them reoccurring. This has been an additional factor in the reduction in numbers of incidents.

The training plan in place helps to ensure that staff have access to key training. Additional specialist training is available on request. This is overseen by the organisation's training department and is effective in ensuring that staff have access to, and can attend, the courses identified.

Managers and staff have addressed issues to do with race and ethnicity, as well as gender stereotyping. This has been by initiating thought-provoking discussions or challenging views of what women or men can do. This has gone some way to make up for the lack of diversity in the staff team.

Family members have mixed views about how children are faring, but are complimentary of particular staff and their efforts and ability to forge good relationships with them and their children. Other professionals believe the manager and staff work well with children, with one saying, 'They give it their all.'

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 registered person must maintain case records for each child which are kept up to date and are signed and dated by the author of each entry. (Regulation 36 (1)(b)(c)) This includes any incident in which the conduct of a member of staff could be questioned, even if it is considered to have been of limited consequence at the time.	30 October 2022
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 take effective action whenever there is a serious concern about a child's welfare; and that the effectiveness of the home's child protection policies is monitored regularly. (Regulation 12 (1) (2)(a)(vi)(e)) This relates in particular to staff knowing how to respond to potential concerns about child-on-child abuse. Also, that the home's safeguarding policy includes guidance for staff about this issue and is more generally clear about the timescales for steps leaders and managers should adhere to when following up safeguarding concerns.	30 October 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 the measures of control, discipline and restraint which may be used in relation to children in the home. Within 5 days of the use of a measure, the registered person or the authorised person adds to the record confirmation that they have spoken to the child about the measure. (Regulation 35 (1)(a)(b) (3)(c))	30 October 2022

The registered person must complete a review of the quality of care provided for children ("a quality of care review") at least once every 6 months. In order to complete a quality of care review the registered person must establish and maintain a system for monitoring, reviewing and evaluating— the quality of care provided for children; the feedback and opinions of children about the children's home, its facilities and the quality of care they receive in it; and any actions that the registered person considers necessary in order to improve or maintain the quality of care provided for children. The system referred to in paragraph (2) must provide for ascertaining and considering the opinions of children, their parents, placing authorities and staff. (Regulation 45 (1) (2)(a)(b)(c) (5))	30 November 2022
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Recommendations

- The registered person should ensure that the children's guide helps children to understand:
 - what the day-to-day routines of the home are ('what happens in the home');
 - the Statement of Purpose of the home (the care they can expect to receive while living there);
 - how to make a complaint in line with the home's complaints procedure;
 - how they can access advocacy support or independent advocacy if eligible; and
 - how to contact the Office of the Children's Commissioner.

This is particularly in regard to ensuring that the guide contains information about how to make a complaint about the home and how to request an advocate. ('Guide to the Children's Homes Regulations, including the quality standards', page 24, paragraph 4.20)
- The registered person should ensure that staff complement any explanation given by the IRO by helping looked-after children to understand the role of an independent advocate and how they can access one. Staff should regularly remind children of their right to access an independent advocate, concerning any matter relevant to the child's status as looked after. Independent advocates can support both the child and the home to seek redress of issues which affect them, such as lack of contact with their social worker, contact with family and leaving care grants, in addition to issues about their care within the home. ('Guide to the Children's Homes Regulations, including the quality standards', page 23, paragraph 4.17)

- The registered person should ensure that, in line with their individual health plans and the ethos of the home, children are offered advice, support and guidance on health and well-being to enhance and supplement that provided by their school through Personal, Social and Health Education (PSHE). Staff should have the relevant skills and knowledge to be able to help children understand and, where necessary, work to change negative behaviours in key areas of health and well-being such as, but not limited to, nutrition and healthy diet, exercise, mental health, sexual relationships, sexual health, contraception and use of legal highs, drugs, alcohol and tobacco. ('Guide to the Children's Homes Regulations, including the quality standards', page 35, paragraph 7.18)

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: SC023744

Provision sub-type: Children's home

Registered provider: Ethelbert Specialist Homes Limited

Registered provider address: Ethelbert Specialist Homes Limited, 17 Leigh Road, Ramsgate, Kent CT12 5EU

Responsible individual: Leslie Davenport

Registered manager: Gordon Shaw

Inspector

Chris Peel, Social Care Inspector

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