

Children's homes inspection - Full

Inspection date	02/12/2015
Unique reference number	SC025712
Type of inspection	Full
Provision subtype	Children's home
Registered person	The Together Trust
Registered person address	The Together Trust Centre, Schools Hill, Cheadle, Cheshire, SK8 1JE

Responsible individual	Jill Sheldrake
Registered manager	Diane Yates
Inspector	Stella Lovie

Inspection date	02/12/2015
Previous inspection judgement	sustained effectiveness
Enforcement action since last inspection	None
This inspection	
The overall experiences and progress of children and young people living in the home are	Requires improvement
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.	
how well children and young people are helped and protected	Requires improvement
the impact and effectiveness of leaders and managers	Requires improvement

SC025712

Summary of findings

The children's home provision is requires improvement because:

The core staff team have struggled to cope with two successive placements of young people since the previous very settled young person left earlier in the year. This has resulted in an unplanned ending for one young person, and a somewhat fractured team in which skills and resilience are still in the process of being built.

There have been issues in relation to maintaining a consistency of approach. Staff shortages have meant that relief and agency staff have had to be used with a consequent adverse impact at times on continuity of care.

Further shortfalls are identified in relation to inconsistent risk assessments; lack of staff training in relation to known risk-taking behaviours by the current young person; unclear records of investigations into allegations against members of staff; quality assurance reports that lack evaluation and action planning; uncompleted case records for young people; and a lack of drive to obtain independent advocacy for young people with no family support.

Although a substantial improvement plan is therefore outlined, it has to be balanced against the relatively significant progress that the current young person has made from his starting point. The shortfalls have also not caused actual harm to the welfare or safety of young people. However they do limit young people's chances to achieve optimum outcomes.

The children's home strengths

- The current young person has made some significant progress relative to his individual circumstances and his time living at the home. This is testament to positive partnership working.

He has complex and challenging needs but this does not limit staff's ambitions for him. He is nurtured as an individual with talents, strengths and capabilities that can develop over time. As a result, he is doing well in his education and in his access to social opportunities within the community.

- Care planning effectively addresses the young person's basic needs. He is safe within the environs of the home. He has generally cordial relations with staff and confirms that he feels safe here.
- Careful attention has been paid to understanding the young person's background and associated risks and needs. Specialist advice is sought on an on-going basis to tailor effective interventions with him.

The Registered Manager is off sick. However, the organisation has ensured that robust interim management arrangements are in place. The interim manager has responded promptly and positively to a range of concerns that she swiftly identified. This demonstrates her determination and commitment to improve provision for the young person.

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

Statutory Requirements

This section sets out the actions which must be taken so that the registered person/s meets 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 with the given timescales.

Requirement	Due date
7: The children's views, wishes and feelings standard: 7.—(1) The children's views, wishes and feelings standard is that children receive care from staff who— (a) develop positive relationships with them; . (b) engage with them; and . (c) take their views, wishes and feelings into account in relation to matters affecting the children's care and welfare and their lives. (2) In particular, the standard in paragraph (1) requires the registered person to— (b) ensure that each child— . (iii) is given appropriate advocacy support.	03/02/2016
12: The protection of children standard: 12.—(1) The protection of children standard is that children are protected from harm and enabled to keep themselves safe. (2) In particular, the standard in paragraph (1) requires the registered person to ensure— (a) that staff— . (i) 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; with specific reference to ensuring that risk assessments cover all known risks and are kept up-to-date.	03/02/2016
12: The protection of children standard: 12.—(1) The protection of children standard is that children are protected from harm and enabled to keep themselves safe. (2) In particular, the standard in paragraph (1) requires the	03/02/2016

registered person to ensure— (a) that staff— (iii) have the skills to identify and act upon signs that a child is at risk of harm; with specific reference to self-harm training and removal of ligatures training.	
12: The protection of children standard: 12.—(1) The protection of children standard is that children are protected from harm and enabled to keep themselves safe. (2) In particular, the standard in paragraph (1) requires the registered person to ensure— (a) that staff— (vii) are familiar with, and act in accordance with, the home's child protection policies; with specific reference to creating a clear audit trail of the whole investigation process with respect to allegations against staff, including feedback to the young person and member of staff concerned.	03/02/2016
13: The leadership and management standard: 13.—(1) The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children's home that— (a) helps children aspire to fulfil their potential; and . (b) promotes their welfare. . (2) In particular, the standard in paragraph (1) requires the registered person to— (a) 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; with specific regard to creating a resilient and stable staff team.	03/02/2016
13: The leadership and management standard: 13.—(1) The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children's home that— (a) helps children aspire to fulfil their potential; and . (b) promotes their welfare. . (2) In particular, the standard in paragraph (1) requires the registered person to—	03/02/2016

b) ensure that staff work as a team where appropriate; with specific regard to consistent application of boundaries.	
13: The leadership and management standard: 13.—(1) The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children's home that— (a) helps children aspire to fulfil their potential; and . (b) promotes their welfare. . (2) In particular, the standard in paragraph (1) requires the registered person to— (e) ensure that the home's workforce provides continuity of care to each child; with specific reference to creating a team that is not reliant on relief and agency staff.	03/02/2016
36: Children's case records: The registered person must maintain records ("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))	03/02/2016
45: Review of quality of care: 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. After completing a quality of care review, the registered person must produce a written report about the quality of care review and the actions which the registered person intends to take as a result of the quality of care review. (Regulation 45 (1) (2) (3))	31/03/2016

Recommendations

To improve the quality and standards of care further the service should take account of the following recommendation(s):

- Staff should provide a nurturing environment that is welcoming, supportive and which provides appropriate boundaries in relation to their behaviour. Homes must also meet children's basic day to day needs, recognising that many children in residential care have experienced environments where these needs have not been consistently met; with specific reference to ensuring the child's bedroom is clean and maintained to an acceptable standard. (The Guide, page 15, paragraph 3.7)
- For children's homes to be nurturing and supportive environments that meet the needs of their children, they will, in most cases, be homely, domestic environments. Homes should seek as far as possible to maintain a domestic rather than 'institutional' impression; with specific reference to not locking the kitchen door and games cupboard door as a matter of routine. (The Guide, page 15, paragraph 3.9)
- The registered person should actively seek independent scrutiny of the home and make best use of information from independent monitoring; with specific regard to systematic collation of stakeholder's views. (The Guide, page 55, paragraph 10.24)
- All staff must have their performance and fitness to carry out their role formally appraised at least once annually. (The Guide, page 61, paragraph 13.5)

Full report

Information about this children's home

The children's home is run by a charity. It provides accommodation for up to two young people with emotional and behaviour difficulties and/or learning disabilities, on a medium or long-term basis. Currently it is acting as a solo placement home.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
05/03/2015	CH - Interim	sustained effectiveness
09/10/2014	CH - Full	Outstanding
11/03/2014	CH - Interim	Good Progress
12/12/2013	CH - Full	Good

Inspection Judgements

	Judgement grade
The overall experiences and progress of children and young people living in the home are	requires improvement
Staff work hard to establish and maintain positive relationships with young people based on the values of good parenting and trust. As a result, the young person enjoys some warm relationships with staff in the home. However, there remain difficulties for the young person in his relationships with other staff, especially female staff. Despite this, he is enjoying positive and beneficial experiences in the home. As the young person's therapist acknowledged: 'He had no education for nearly a year while in his previous care home. Within weeks of being in this home he has started to go to education and has been leaving the home to do activities. This will really help him to learn socially. It wasn't happening at all in his previous home. His progress in the current home has exceeded my expectations. The acid test will be time though.' Staff have been successful in helping the young person to see that engagement with education is integral to emotional stability and development of self-esteem. As a result, he has participated very well in the almost full-time education provision available. Staff support his attendance at an external centre and provide a structured programme of timetabled activities geared towards maintaining his motivation and enthusiasm for learning. An education assessment is in process to establish his baselines given his previous long history of being out of education. As his tutor confirmed: 'He has 100% attendance for these sessions. His attitude to me is excellent and his attitude to learning is good. Bad language and behaviour is consistently challenged and incidents of swearing have decreased considerably during our sessions to isolated incidents or none at all. He trusts me and I have found him respectful and interested in learning. I am really enjoying working with him'. The young person has been encouraged to join the local library, do cooking, and to take part in some carefully controlled scientific experiments. These achievements have promoted his self-esteem and helped him to feel valued. The young person is encouraged to maintain good personal hygiene and to attend his routine health appointments. His health plan details historic, current and any known future healthcare interventions. This means staff have a good understanding of his individual healthcare needs and ensure they are met on a day-to-day basis. There are useful collaborative links with health professionals and other agencies. Good use is made of specific therapeutic support. This helps the young person to understand past experiences and develop some insight into his circumstances. As a result, he is showing some positive signs of greater emotional resilience, confidence and self-esteem.	

Staff ensure that the young person is not isolated in the community. He has opportunities to use local leisure, education and community facilities. He is also encouraged to attend social events at the provider's main office. This provides him with the chance to socialise with peers and to develop his communication skills. It again represents a significant area of progress for him in comparison with his placement in a previous care home where it is reported that he hardly ever left the home. This positive engagement in the community helps him develop a template for constructive social interactions. Staff are strong in their immediate challenge of all racist or sexist comments. This helps the young person to better understand the diverse society he lives within, and to learn the value of tolerance and cohesion.

Staff provide appropriate opportunities for the young person to contribute towards the development of the home. He is encouraged to give his views in individual meetings and informal conversations. He confirms that staff listen and respond promptly to any matters raised. For example, he is involved in re-designing his bedroom. This helps to convey that his opinions matter. However, the young person has no independent advocacy despite the fact that he has no contact with family members and only minimal contact with significant other people from his earlier life. This limits the support provided to him to express his views about his care planning and his future.

Case records appear to be a casualty of the intensive level of support provided to this young person. There are a number of uncompleted documents in his file which are suggestive of not enough time for staff away from direct care responsibilities in order to complete paperwork. This means that those records are not fully reflecting the work undertaken with him and they do not promote consistency of approach between different shifts of staff.

	Judgement grade
How well children and young people are helped and protected	requires improvement
Since the last inspection, managers and staff acknowledge that the home has experienced a difficult period in managing the challenges and behaviours of young people placed there in the last six months. They identify this as having caused disruption to the home's previously long-term, settled and harmonious routine. One of those young people's placements ended abruptly in the context of mental health and sexual exploitation concerns, and allegations against staff.	

The current young person reports that he feels able to talk to some staff in the home if he is worried about anything. That said, he also reports that there are at least two staff he would not talk to because of tensions in his relationship with them. Nonetheless, from this young person's starting point, he appears to have achieved a better sense of well-being and safety here than in his previous placement.

The home ensured good transition planning for the current young person so that staff acquired knowledge about his vulnerabilities and risks prior to his arrival. This included specific training by an external specialist therapeutic service that has been working with the young person for nearly a year. It helped staff understand some of the reasons behind the young person's behaviours and to begin to think about how they would deal with them. As the therapist confirmed: 'Staff responded really well to our training input. They have attended a number of training events. They were aimed to help them develop a specific model and strategy of intervention with the young person in the home. Staff have been very thoughtful about the implementation of these strategies. They have thought carefully about how to bring them into his daily life.'

Staff make significant efforts to identify effective strategies to help the young person manage his behaviours more constructively. In order to work, those strategies require strict adherence to consistency across the staff team. Unfortunately, that has not always been achieved because of staff changes, use of temporary staff and the corrosive impact on certain staff of being targeted by young people placed in the home since the last inspection. As one member of staff said: 'I am aware that things aren't all as they should be. In my view, staff need training up in being consistent, vigilant and mindful. They are still learning.' In addition, staff have not all had training in the management of known risk-taking behaviours such as self-harming and removal of ligatures. This does not promote confidence and competence in their practice. Leaders and managers are very aware of these shortfalls and are actively recruiting suitably experienced and confident staff to join the team.

Although there are serious challenges with the current young person, there is no doubt that the service has achieved some significant progress with him in a short time. For example, staff recognised that legitimate efforts to restrain him were fraught with difficulties due to his size and strength. Restraints had been compliant with regulation but resulted in injuries to both staff and the young person. Briefing sessions with both the young person and staff after these restraints enabled reflection on both sides, and gave staff opportunities to consider their practice and manage their feelings constructively after such situations. As a result, there was learning that eventually led to a multi-agency restraint reduction meeting. This meeting agreed a traffic light system in response to early signs of behaviour that may have previously culminated in a restraint. It represents a positive, well-coordinated response through partnership working with the police and other relevant agencies. It has brought about a recent significant reduction in the use of restraint. This helps the young person to learn that making mistakes is

not catastrophic and relationships can survive difficult interactions and be repaired. It serves to bolster his sense of self. The external therapeutic worker commented: 'This looks like a well-planned, thoughtful and well-set out document and the consistency it promotes should be very helpful to the young person in the long term.'

It is still very early days to see if positive change can be sustained. The importance of staff being able to maintain consistency in relation to boundaries is essential to helping the current young person regulate his behaviour. Staff use external agencies well to help them with this. For example, they arranged for the police to talk to him about harassment and stalking behaviours towards certain staff, and the consequences attendant on such behaviour. They also acquired associated resources to use with him in direct work as part of an ongoing preventative strategy. In respect of previous young people placed in the home, there is evidence of appropriate working together with relevant agencies to try to manage risks such as sexual exploitation as effectively as possible. Staff are able to demonstrate that they understand the warning signs of sexual exploitation and are confident about how to act on them.

Although the risks and vulnerabilities of the current young person are well-understood, the formal written risk assessments are inconsistent in places and not regularly up-dated in relation to new information. They are written on by hand and some are difficult to read. This is significant given the home sometimes uses relief and agency staff who have not had the specific training about this young person and therefore need to be able to read these risk assessments carefully. There are confused messages about routinely locking various parts of the home such as the kitchen and the games cupboard. The young person identified this practice as excessive and institutional. Given the known history of the young person and his current behaviour in the home, there is no risk assessment about the need to have co-gendered shifts – identified as necessary by the specialist therapeutic service during the inspection. Although most shifts tend in any event to be both men and women, there have been all-female shifts on occasions.

Feedback from the local authority safeguarding service confirms that the home is proactive and appropriate in seeking advice about safeguarding matters such as allegations against staff. However, record-keeping about management responses to allegations is unclear as it is not held together in one place, and does not show the whole investigative process. This means it does not demonstrate robust adherence to the local authority arrangements for the management and oversight of allegations against people who work with young people.

As much as possible is done to assure the suitability of people working in the children's home. Vetting and safer recruitment practice is thorough and robust so that unsuitable people are deterred from applying to work there. All visitors to the home are appropriately checked on arrival and have their details recorded in the visitors' book. This means young people are not exposed to adults who may do

them harm.

	Judgement grade
The impact and effectiveness of leaders and managers	requires improvement
At the point of this inspection, the Registered Manager has been off sick for nearly four weeks. The provider has notified Ofsted accordingly, and has arranged suitable interim management cover. It is evident that there is a degree of associated anxiety in the staff team about the Registered Manager's absence. Some staff are concerned about the changes being made without her direct agreement, and other staff express a perception that she has left staff to cope with a very difficult situation. The manager recently brought in to oversee the home during the Registered Manager's absence is an extremely experienced and successful manager. She has taken a firm grasp of the issues in the home and demonstrates commitment to making necessary improvements. For example, she took appropriate action to address the unacceptable state of the young person's bedroom during the inspection. This concern previously had been dragging on for three weeks without a firmly scheduled intervention. It shows her intention to prioritise the needs of the young person, and to challenge and escalate concerns as appropriate. As a care-taking manager, she is well-supported by an experienced and suitably qualified assistant manager. Together they present a strong and assertive presence in the home. Staff strive to meet the aims and objectives laid out in the statement of purpose for this currently solo placement home. However, although staffing levels have been sufficient on paper to meet the needs of two very challenging young people, several staff felt that the home has not been properly staffed at all times. They attribute this to some staff leaving and others being off sick on a long-term basis. This has meant that the home has had to rely on relief and agency staff who do not always know the young people well, and have not had the benefit of specific training in relation to young people's needs. This does not create a settled and stable staff team. It has had an adverse impact on consistency of response by staff. As staff said: 'We are struggling....it hasn't been fair on the young people as they need a consistency of response. It can be difficult to get that consistency depending on who the temporary member of staff is.' Furthermore, there is some question as to how prepared the original core staff team was to take on the complexity of the last two young people placed in the home. As one member of staff commented: 'The core team needed more direction when I first came here. They needed clearer roles and responsibilities, and clearer	

direction as to how to work with the current young person. I don't think the staff really knew how to 2 to 1 a young person. I think they had been lulled into complacency by their experience of the young person who had a long, settled placement here. It is not yet a settled care team in which skills and resilience have been fully built.' The manager recently brought in to oversee the home has started to help staff acquire that clearer direction and to feel more secure and confident in their practice.

Records indicate some slippages in the frequency of supervision and staff meetings earlier in the year. That said, current supervision is regular and is valued by staff. They appreciate the approachability and support of managers. Staff meetings are now being held each month and show efforts to promote better team working and provide support to staff. However, staff appraisals have not all been held annually. This does not promote robust review of staff performance.

Records confirm that the current young person's progress is tracked by managers. Those records demonstrate progress across all areas of his development from his starting point, and feedback from education and health professionals further confirms this. Regular meetings are held with the specialist therapeutic service to continually review the young person's progress and to evolve behaviour management strategies. This is a good example of effective working together with partner agencies. All complaints are addressed thoroughly and demonstrate learning from them.

The Registered Manager's self-assessment of the service adequately reviews staff practice and the young people's progress over a six month period. However, it fails to reflect on the impact of staff shortages during this time frame or to identify an improvement plan, and does not show systematic consultation with stakeholders to inform continual improvement. In contrast, the independent visitor reports provide useful critical friend feedback which highlights the strengths of the home and areas for development.

What the inspection judgements mean

The experiences and progress of children and young people are at the centre of the inspection. Inspectors will use their professional judgement to determine the weight and significance of their findings in this respect. The judgements included in the report are made against *Inspection of children's homes: framework for inspection*.

An **outstanding** children's home provides highly effective services that contribute to significantly improved outcomes for children and young people who need help and protection and care. Their progress exceeds expectations and is sustained over time.

A **good** children's home provides effective services that help, protect and care for children and young people and have their welfare safeguarded and promoted.

In a children's home that **requires improvement**, there are no widespread or serious failures that create or leave children being harmed or at risk of harm. The welfare of looked after children is safeguarded and promoted. Minimum requirements are in place, however, the children's home is not yet delivering good protection, help and care for children and young people.

A children's home that is **inadequate** is providing services where there are widespread or serious failures that create or leave children and young people being harmed or at risk of harm or result in children looked after not having their welfare safeguarded and promoted.

Information about this inspection

Inspectors have looked closely at the experiences and progress of children and young people living in the children's home. Inspectors considered the quality of work and the difference adults make to the lives of children and young people. They read case files, watched how professional staff work with children, young people and each other and discussed the effectiveness of help and care given to children and young people. Wherever possible, they talked to children, 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.

This inspection was carried out under the Care Standards Act 2000 to assess the effectiveness of the service 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*.

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