

SC028598

Registered provider: Ja Nailah Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home is registered to provide care for up to five children. The provider states in its statement of purpose that it provides 'a home for five young women aged 14 upwards. The home extends to offer placements to young mothers and their babies.'

The home and the manager registered with Ofsted in 2002.

The provider states in its statement of purpose that the registered manager has delegated the operational role and function of the home to the care manager and the assistant manager. This includes the responsibility for the day-to-day management of the home. There were two children living at the home at the time of this inspection.

Inspection dates: 16 and 17 May 2022

Overall experiences and progress of children and young people, taking into account	requires improvement to be good
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How well children and young people are helped and protected	requires improvement to be good
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The effectiveness of leaders and managers	requires improvement to be good
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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: 2 February 2022

Overall judgement at last inspection: inadequate

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
02/02/2022	Full	Inadequate
03/12/2019	Interim	Sustained effectiveness
30/05/2019	Full	Good
31/01/2019	Interim	Improved effectiveness

Inspection judgements

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

Children receive individual care that generally meets their needs. As a result, children have positive experiences. Children and staff have positive relationships with each other. A child said, 'Staff are welcoming, and I have a good relationship with staff now. I was stubborn at first, but now a lot has changed. My key worker is funny; we have a connection.'

Children are treated with respect and dignity. They have good opportunities to share their wishes and feelings about the home and how it is run. Managers are currently reviewing staff's current practice of keeping the kitchen locked during the late evening. Children accessing the kitchen during the late evening had posed risks previously. However, this appears to no longer be an issue and so reviewing this practice is warranted.

Staff encourage children to make day-to-day choices. For example, children choose how to personalise their bedrooms. Children's meetings and key-work sessions ensure that children contribute to shaping the service. Children know how to complain, but do not do so, preferring to speak with staff about any concerns they may have.

Children are supported to live healthy lifestyles. Staff register children with primary care services and encourage them to attend medical appointments. This ensures that children follow recommended medical treatment plans. As required, children have access to specialist healthcare professionals. Staff manage children's medication appropriately. However, medication records completed by staff require review as some entries are confusing. This does not demonstrate that staff use recording tools clearly and consistently.

Children's learning outcomes are variable. All children are enrolled at schools, but their attendance historically and currently is sporadic. Staff are working hard with children and education professionals to help to improve children's school attendance and their engagement with their education. A child said, 'I'm more motivated to go to school. It was the staff. They took the time to understand where I was coming from. They made me think about my future and outcomes.'

Older children are prepared well for adulthood. Staff support these children to develop daily living skills, such as shopping, meal preparation, budgeting and household chores. Some children have developed very good independence skills and there has been a noted improvement in some children's management of their own personal care.

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

Children said that they feel safe with staff. Children's safety and well-being are at the centre of practice at the home. Staff work hard to protect children from neglect, harm and abuse. Staff have a clear understanding of the organisation's child-protection policies and procedures, and staff have recently completed safeguarding training. This helps staff to keep children safe.

The previous inspection and subsequent monitoring visits highlighted very high rates of children going missing from care. The frequency with which some children are missing from care remains high. However, staff, managers and external professionals are working hard with children and the professional network to devise strategies that help to reduce the number of missing-from-care incidents.

Since the last Ofsted visit, staff's recording of missing-from-care incidents, the action taken and staff's communication with safeguarding professionals shows improvement. Staff have recently undertaken training with the local police team. This focused on revised missing persons protocols and procedures. This helps to promote the safe return of children when they are missing from care.

There have been no incidents of staff restraining children. The staff team has recently completed training in de-escalating critical situations and physical intervention. Risk assessments are relevant to each child, and these are regularly reviewed and updated. Risk assessments include guidance to help staff to reduce children's risk-taking behaviour.

Staff are largely reliant on team discussions and risk assessments to guide their management of children's behaviour. Children and staff would benefit from managers developing behaviour-management plans to specifically address behavioural issues, as these often differ from children's identified risk-taking behaviour.

Staff promote children's positive behaviour. There is a more systematic use of sanction and rewards. Records clearly outline why sanctions have been imposed; praise and incentives for children are well embedded in staff's practices. Children said that staff's use of sanctions is fair and that incentives are effective and are appreciated. A child said, 'The incentives are good. I got my nails done. I'm looking to having my hair done as well.'

Staff conduct bedroom checks and searches if they believe bedrooms to contain objects that may pose a risk to children. Room searches are conducted appropriately and in line with the home's policies. As required, staff observe children in their rooms at regular intervals. This assures staff that bedrooms are kept clean and safe.

The vetting and recruitment of staff require improvement as not all required information is available on personnel files. Of the staff personnel files reviewed, one did not have confirmation of the staff member's formal qualification, and another did

not evidence that an updated Disclosure and Barring Service check had been obtained. This is not in line with safe staff recruitment practices.

Managers' investigations into allegations against staff are thorough and fair. Professionals indicate that managers are prompt in informing them of key incidents or emerging concerns. Managers appropriately escalate matters of concern within the professional network.

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

Since the last inspection, the effectiveness of the management and leadership of the home has shown improvement. The previous service manager has left the service and another senior staff member is now in day-to-day charge of the home. The responsible individual is considering this manager to become the home's registered manager. The responsible individual, who is currently also the registered manager, has a greater presence at the home than in the recent past.

This new management structure has led to improved communication between managers and staff. As a result, staff delegated tasks are monitored effectively. This means that work completed with children and corresponding records are of a higher standard than previously.

Managers undertake regular monitoring exercises. These explore most aspects of the running of the home and offer some insight into the quality of the service. For example, the workforce development plan details the required development and learning of the staff team and how these are to be met. Managers have ensured that staff training needs have been met by providing relevant training. This was not the case at the previous full inspection.

Staff receive good support from their line managers. However, gaps are noted in the frequency of some staff's supervision. A senior member of staff said, 'I'm getting the right support. Supervision happens every month, and I speak with the registered manager every day – sometimes more than once a day for catch up and advice.' The provider continues to recruit for permanent staff to ensure that children experience continuity of care. Inductions for new staff are effective, and managers now complete annual staff appraisals.

Leaders and managers prioritise the needs of children. Children's outcomes show some improvement from their starting points and their experiences are largely positive. Staff are passionate and sensitive in their care of children, and they are familiar with children's complex needs.

Staff work well and collaboratively as a team. This means that boundaries are well understood by children and staff. Children therefore receive care that is consistent and tailored to meet their needs.

Case records show improvement since the last inspection. Records now evidence the difference that the staff team is making to children's lives. Records of when children are missing from care, key-work sessions and sanctions have all improved.

The home is meeting the aims and objectives as stated in its revised statement of purpose. Managers and staff share good working relationships with other professionals and some family members. This ensures that all parties are aware of placement issues and developments.

An independent reviewing officer for a child said:

'In my opinion the strength of this placement is the relationship that they have built with the young person. They have tried to create a homely environment to try and replicate a family home, both with building strong, nurturing relationships. They seem to genuinely care about the safeguarding and well-being of [name of child] and she felt and understood concerns they shared about trying to safeguard her when she stays out late or refuses to go to school. I do not have any concerns around the placement or the delivery of care to [name of child].'

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 ensure that all employees— undertake appropriate continuing professional development; and receive practice-related supervision by a person with appropriate experience. (Regulation 33 (4)(a)(b))	1 July 2022
The registered person must recruit staff using recruitment procedures that are designed to ensure children's safety. The registered person may only— employ an individual to work at the children's home; or if an individual is employed by a person other than the registered person to work at the home in a position in which the individual may have regular contact with children, allow that individual to work at the home, if the individual satisfies the requirements in paragraph (3). The requirements are that— the individual is of integrity and good character; and full and satisfactory information is available in relation to the individual in respect of each of the matters in Schedule 2. (Regulation 32 (1) (2)(a)(b) (3)(d))	1 July 2022
The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children's home. (Regulation (23)(1))	1 July 2022

Recommendations

- The registered person should consider that, just as in a family home, children should be able to access all shared areas of the home unless there are specific reasons why this would not meet a child's needs. This relates to managers reviewing staff's practice of locking the kitchen area during the late evening. ('Guide to the Children's Homes Regulations, including the quality standards', page 15, paragraph 3.10)
- The registered person should ensure that expectations of standards of behaviour are high for all staff and children in the home. These standards should be clear and unambiguous. The registered person should consider devising and implementing behaviour-management plans for each child. ('Guide to the Children's Homes Regulations, including the quality standards', page 39, paragraph 8.11)

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: SC028598

Provision sub-type: Children's home

Registered provider: Ja Nailah Limited

Registered provider address: Nailah House, 19 Pentire Road, London E17 4BY

Responsible individual: Jennifer Lapompe

Registered manager: Jennifer Lapompe

Inspector

Sandra Jacobs-Walls, Social Care Regulatory Inspector

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