Inspection report for children's home

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Inspector	Mary Timms
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About this inspection

The purpose of this inspection is to assure children and young people, parents, the public, local authorities and government of the quality and standard of the service provided. The inspection was carried out under the Care Standards Act 2000.

This report details the main strengths and any areas for improvement identified during the inspection. The judgements included in the report are made in relation to the outcome for children set out in the Children Act 2004 and relevant National Minimum Standards for the establishment.

The inspection judgements and what they mean

Outstanding:	this aspect of the provision is of exceptionally high quality
Good:	this aspect of the provision is strong
Satisfactory:	this aspect of the provision is sound
Inadequate:	this aspect of the provision is not good enough

Service information

Brief description of the service

This is a privately owned children's home which provides residential care for up to four children with learning difficulties who may also have a physical disability. The home is an extended detached domestic dwelling in a residential area of a large town. Children have individual bedrooms of which some have ensuite facilities. Required adaptations, equipment and communal living areas which are appropriate to the needs of the children using the service are provided. There is a garden to the rear of the home.

Summary

This was an unannounced inspection planned to assess the care provided against identified key national minimum standards and to review the progress the provider has made with a requirement and recommendations set on the previous inspection.

This is a satisfactory service with some aspects judged as good. There is a very recent change to the management structure with a new manager commencing in the role imminently. Children are cared for by committed and competent staff who know and understand children's needs. Children's care is supported by a domestic environment and the provision of appropriate facilities and adaptations. Health care needs are supported, however some areas for improvement are identified. Children's safety is prioritised and they are encouraged to enjoy and achieve.

Actions and recommendations have been set to ensure that national minimum standards and children's home's regulations are fully met.

The overall quality rating is satisfactory.

This is an overview of what the inspector found during the inspection.

Improvements since the last inspection

The registered person was asked to ensure that full and satisfactory information is in place for all staff prior to them being employed in the home. Actions have been taken to improve the gathering of required documentation thus improving the safety of children.

Whilst action has been taken to improve the frequency of staff meetings shortfalls in the frequency of one-to-one staff supervision continue. Further recommendations have been set within this report to ensure that staff always receive adequate support in line with national minimum standards.

The registered person was asked to review the staffing policy. Shift patterns have now been adjusted to ensure that children's needs can always be met appropriately.

Helping children to be healthy

The provision is satisfactory.

Children's health is monitored and care arrangements support children to be healthy.

Children are provided with a balanced and varied diet. The dietary intake of each child is monitored and action is taken when necessary to promote healthy eating. For example, adjustments may be made to individual diets in response to identifying children who are eating

too much and sometimes making too many unhealthy choices. Children's needs in relation to culture or religion and their personal preferences are incorporated into menu planning. Comments from children confirm that there is opportunity, where appropriate, to experience basic cooking activities, comments include: 'I like to make biscuits'.

Staff are knowledgeable about children's individual health care needs and monitor their daily health. Staff training includes; emergency first aid, food hygiene and the administration of medication. Support is provided for children to access a range of health professionals in order to meet identified individual needs. Health care needs are reflected into placement plans, however, these are not always fully detailed and there is a lack of evidence that health care plans are reviewed on a regular basis.

Staff training has been facilitated to underpin the care of children who may have a gastrostomy feeding system. However, refresher training and further competency assessments have not been facilitated, necessary to ensure that this area of health care is supported appropriately by competent staff.

Medication is stored securely. Regular checks are undertaken of the administration of medication system, including stock and the records made on each occasion medication is given to a child. The home's procedures require two members of staff to administer a medication and for both to sign the record, this sound system may be unreliable as there are occasions when only one member of staff is involved in the administration of mediation and yet records are signed by two staff.

Protecting children from harm or neglect and helping them stay safe

The provision is satisfactory.

Children are provided with a safe living environment. Issues of health and safety within the home are monitored. Fire safety is prioritised, fire safety equipment is checked on a regular basis and fire evacuation drills are undertaken with both staff and children. However, records currently lack details of which staff are involved in each drill, necessary to inform management oversight of team competencies. The service has recently identified a need to produce individual fire evacuation plans, however, these are not yet in place to improve the protection of children. The premises are secure preventing unauthorised access to the home and from children leaving unsupervised.

Individual risk assessments are not always produced or updated promptly in response to increased concerns. This highlights that children may not always be safeguarded by appropriate risk management strategies.

Children are safeguarded by safe staff recruitment procedures. All required checks are undertaken prior to staff commencing work in the home.

Children's privacy and dignity is supported. Two bedrooms have ensuite facilities which support children's right to privacy during the provision of intimate personal care. Staff receive training and guidance about personal care during their induction.

For some children behaviour management plans are agreed with a community learning disability nurse, however, this is not the case for all children. Sanctions are not always agreed as appropriate within behaviour management plans. A log is maintained of any sanction imposed,

however, this does not always set out clear details of events and lacks a reflection on the effectiveness and consequence to the sanction, as required by regulation.

The home has complaints policies and procedures which are made known to families. Complaints are investigated and a response is made to the complainant. Staff know the children and monitor for any changes to behaviour which may highlight they have a concern. The service accesses an advocacy service who visit the home and provide opportunity for concerns children may have to be identified.

Staff training includes safeguarding children, moving and handling and fire safety awareness. The service has safeguarding polices and procedures, however, these documents have not been updated to reflect the need to report allegations against carers to a named Local Authority Designated Officer (LADO). This raises the potential that staff will be unaware of the required actions should a safeguarding issue arise.

Helping children achieve well and enjoy what they do

The provision is good.

Children are supported to enjoy and achieve.

Each child has a fulltime education programme and attends a resource appropriate to their individual needs. The service works closely with educational professionals to support educational planning. There is good communication between schools and care staff, including the use of a home-school diary. Staff contribute to educational reviews.

Children receive a good level of support. The service provides necessary adaptations and equipment to support individual needs. Staff have a good awareness of children's individual support needs. Changing needs are discussed within handover and staff meetings. Children are supported to take part in activities within the home and the community. All children have recently been on activity holidays. Needs relating to ethnicity, culture and religion are supported. For example, children are supported to attend places of worship, their physical needs such as hair and body creams are facilitated, and dietary needs relating to culture are met.

Helping children make a positive contribution

The provision is satisfactory.

Individual needs are reflected into a written placement plan which sets out limited information and guidance as to how the service will meet individual needs. Plans generally lack the necessary level of detail to ensure that all areas of need will be fully met. Plans are not always kept under review and there is a lack of evidence of regular management oversight of placement plans.

Contact with family members is supported. Families are able to visit children at the home and contact visits are supported within their family home. Staff have regular contact with family members and consult them about placement planning arrangements. Parents are invited to a quarterly group meeting when they are asked to contribute their views about the service.

An advocacy service is accessed to support children's needs and wishes when necessary. Children are supported to make decisions. They are encouraged and supported to make daily choices in relation to activities, meals, snack and drinks. Children are taken clothes shopping and

encouraged to make personal choices. Staff support communication methods used by children, for example, Makaton signs and symbols.

Achieving economic wellbeing

The provision is satisfactory.

Children are cared for in a domestic living environment. There is adequate shared and individual spaces, which are appropriate to the needs of the children using the service. Décor, furnishings and fitments are in good order, however, carpets in some areas are in need of attention as they appear dirty and marked.

Where appropriate children are encouraged and supported to develop self care skills, to make choices and to access community resources which encourage independence. Children are taken clothes shopping and encouraged to make personal choices, they may visit the library, attend youth groups and sports centres. An advocacy service supports the home and may be accessed to support individual transitional planning. There is a lack of detail in placement planning documents in relation to agreed targets for self care skills and a lack of evidence of progress being reviewed. This means that children's progress is not adequately reviewed and plans are not updated to ensure that needs are fully met.

Organisation

The organisation is satisfactory.

The provider organisation has a close oversight of the quality of care provided, including monthly visits to the home by an external manager who reviews the provision of care. The arrangements for the day to day management of the home since the previous Registered Manager resigned have been endorsed as acceptable by Ofsted. After this period of vacancy the service has recently appointed a new manager who is commencing in post imminently and who will be applying to Ofsted for the position of Registered Manager. The service has a deputy manager who is appropriately experienced to deputise when required. The quality of internal management oversight of placement planning, checking of records and general monitoring of care currently fails to meet the requirements of regulations or national minimum standards, which raises the potential for service development needs to be overlooked.

The staff team includes members of staff who have worked at the service for several years, providing consistency for children and who share their knowledge with less experienced staff. Newly appointed staff are provided with an induction to the service, however, the service has not followed an induction programme which reflects the modules set by the Children's Workforce Development Council. A training programme is provided for staff which includes safeguarding children, emergency first aid, medication administration, fire safety and food hygiene. Whilst staff have attended gastrostomy feed training and have had their competency assessed by a health professional, for some staff this was several years ago. This arrangement fails to capture current endorsements by a health professional, confirming that staff are suitably competent to provide this area of care. Comments from staff confirm that they have attended core training, however, training records are incomplete and fail to capture the full picture of training attended and consequently training gaps are unclear.

Staff do not always receive supervision at the frequency set out within national minimum standards, which means that staff development and competency is not fully supported. However,

comments from staff demonstrate that staff feel supported and include, 'yes I feel supported in my role'.

The service has a Statement of Purpose document setting out the services and facilities provided, which has been summarised into a children's guide using symbols and simple language to aid comprehension. Children's files are stored securely and are maintained in good order.

The promotion of equality and diversity is good. Children are able to visit their chosen place of worship. Dietary needs relating to culture or religion are met. Staff support children to access new experiences, to develop social links and to use community resources.

What must be done to secure future improvement?

Statutory requirements

This section sets out the actions, which must be taken so that the registered person meets the Care Standards Act 2000, The Childrens Homes Regulations 2001 and the National Minimum Standards. The Registered Provider must comply with the given timescales.

Standard	Action	Due date
13	ensure that a written record is kept of the administration of any medicine to any child. In particular this relates to the need to ensure that staff only sign a medication administration record when they have supported and or witnessed the administration of medication (Regulation 21.3c)	22 October 2009
17	ensure that a written record is made of any measure of control or discipline in a volume kept for the purpose. In particular this relates to the need for records to clarify the actions taken and to ensure records reflect all areas set out in regulation (Regulation 17)	22 October 2009
26	ensure that unnecessary risks to the health or safety of children accommodated in the home are identified and so far as possible eliminated (Regulation 23.c)	22 October 2009
3	keep under review and revise the placement plan as necessary (Regulation 13.2)	22 October 2009
31	ensure that staff receive appropriate training. In particular this relates to the need to review arrangements for gastostomy feed training and endorsement by relevant health professional of competency of named individuals (Regulation 27.4a)	22 October 2009

Recommendations

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

- ensure that there is written policy and guidance, which is implemented in practice, for the safe storage of medication to be stored at certain temperatures (NMS 13.10)

- ensure that when staff carry out skilled health tasks for children that this is only carried out on the written authorisation of the relevant health professional and by staff authorised by the health professional. In particular this relates to the need to review with the relevant health professional staff competency, training needs and authorisation at least annually (NMS 13.3)
- ensure that appropriate action is taken to secure medical and other health services needed to meet identified needs. In particular this relates to the need to obtain and hold on file written consent from an individual with parental responsibility/or an agreed plan to support prompt access to emergency treatments (NMS 12.1)
- ensure that each child has a clear written current health plan covering the areas set out in National Minimum Standards (NMS 12.2)
- ensure that at least four fire drills, including the evacuation of staff and children from the building take place in a 12 month period and are recorded. In particular this relates to the need to clarify within records the names of staff involved in each drill to inform management oversight of staff competency and to confirm that every member of staff has been involved in a recent drill (NMS 26.8)
- ensure that the local fire authority has been consulted about fire precaution measures. In particular this relates to the need to clarify expectations in relation to the need to have individual evacuation plans for children (NMS 26.8)
- ensure that a copy of the Local Safeguarding Children Board procedures is kept in the home and are known to staff (NMS 17.2)
- ensure that the home's safeguarding policies and procedures are consistent with those produced by the Local Safeguarding Children Board. In particular this relates to the need to set out the requirement to refer allegations against carers to be reported to the Local Authority Designated Officer (NMS 17.4)
- ensure that the placement plan for each child sets out clearly the assessed needs of the child, how these are to be met by the service on a day to day basis and how the effectiveness of the placement is to be assessed in relation to the plan. The plan should include all areas set out in National Minimum Standards (NMS 2.1)
- develop a system to regularly and frequently seek the views of parents and placing authorities on children's care and the overall operation of the home (NMS 8.6 and 8.10)
- ensure that there is a comprehensive plan for young people which specifies the support and assistance they will need to receive to enable a successful l transition into adulthood, and which is implemented in practice. Plans should include agreed current targets and clarify how progress will be reviewed (NMS6.1)
- ensure that the home is maintained in good order throughout. In particular this relates to the need to have a regular cleaning/replacement programme for carpeting (NMS 24.1)
- ensure that all staff receive at least one and a half hours of one-to-one supervision from a senior member of staff each month and new staff receive supervision fortnightly during the first 6 months of their employment (NMS 28.2)
- ensure that newly appointed care staff follow an induction programme which meets the Children's Workforce Development Council specification (NMS 31.2 and 31.3)

- ensure that a written record of all training for all staff is maintained in the home (NMS 31.4)