Inspection report for Children's Home

Unique reference number	SC028599
Inspection date	15/03/2011
Inspector	Rachel Ruth Britten
Type of inspection	Random

Date of last inspection	18/05/2010

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 outcomes for children set out in the Children Act 2004 and the relevant National Minimum Standards for the service.

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 young people 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. Young people have individual bedrooms, some of which have en-suite facilities. Required adaptations and equipment are provided. There is a garden to the rear of the home. Three young people are currently accommodated in the home, all of whom participated in the inspection.

Summary

The overall quality rating is satisfactory.

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

The purpose of this unannounced interim inspection was to reassess the outcomes for young people under the national minimum standards relating only to staying safe. There were nine actions and 12 recommendations made at the last full inspection in May 2010. Most of these are satisfactorily met. The home now adequately safeguards young people overall through satisfactory systems of management and organisation coupled with observed good quality staff practice. Two actions and three recommendations are made to address shortfalls identified. These shortfalls do not adversely affect the safety of young people living in the setting but they have the potential to do so. They also somewhat restrict the quality of the provision.

Improvements since the last inspection

An action was raised regarding the effective minimising of avoidable risks associated with young people's activities. This was because effective risk assessments were not in use for all aspects and some unsafe practice was occurring as a result. For example, vulnerable young people were being transported without escorts. Existing risk assessments have been updated and new ones added to cover more effectively the known activities and behaviours of the young people in placement. In addition, there are some new and improved risk assessments addressing some generic aspects, such as, the premises and the safe transportation of young people. Checklists for the home and premises are also used to undertake more thorough checking of safety in the setting. The setting now satisfactorily risk assesses, identifies, and mostly eliminates or reduces risks. However, there is no risk assessment in place regarding bullying, and action to reduce risks associated with the disposal of waste has not been prompt. The action is partially met.

An action was raised regarding the child protection policy and clarity for staff about what to do when a child is found to have explained or unexplained marks or bruising on their body. The policy is long and detailed and staff have copies of it in their staff

handbook. There has also been training and discussion about what to do when a child is found to have marks or bruises on their body. Records and body maps are promptly made and the placing social workers informed immediately with copies of the records and maps sent to them. Individual protocols, based on medical advice about young people's health and behaviours, are used to make proper decisions about whether the mark or bruise is a cause for child protection concern and/or requires notification under Schedule 5. If there are child protection concerns, a referral is made to the Local Safeguarding Children Board and notification to Ofsted. The action is satisfactorily met.

The third action concerned the need for a system for manager monitoring to support the improvement of quality provided in the home. The registered individual has established a monthly checklist covering all the items in Schedule 6. She cites examples of matters which the monitoring has served to alert her to, enabling improvements to be made. For example, there has been a review of the staffing levels, menus and electrical wiring safety following identified issues. This action has been met well.

An action was raised regarding the privacy and dignity of young people in respect of tube feeding and the administration of medication. The timing and location of these procedures has now been altered in order to improve young people's privacy and dignity. Staff feel that the action taken is appropriate and effective in meeting the regulation.

The fifth action concerned hazards identified in the home. There was unsafe garden furniture and some chemical cleaning agents stored in an unsecured cupboard. All kitchen cupboards are now provided with child locks and hazardous chemicals are stored out of the kitchen in a locked cupboard. The garden furniture has been replaced. Safety checklists are conducted throughout the home, but action to ensure that risks are all managed and eliminated where possible is adequate rather than good. A further recommendation regarding the risk to health of waste material awaiting collection is raised at this inspection.

An action was raised about the home's Statement of Purpose because it was found not to cover all aspects in Schedule 1 fully enough. The registered person has recently updated the staff information, but this was not in place on the Statement of Purpose made available to the inspector. In addition, upon scrutiny, there is no reference to the surveillance used to safeguard young people and there is too little information about equal opportunities and young people's rights in the Statement. A new recommendation is raised regarding these items because the action is only partially met.

The seventh action concerned sufficiency of staff. At the last inspection there were only two members of staff working with young people and this was observed to be insufficient for the needs of the young people present. Staffing ratios have been reviewed and are kept under review, based upon young people's care plans and risk assessments. There are presently three members of staff on duty when there are three young people present in the home. This is observed to be sufficient to meet

the care needs and activity choices of young people. The action is therefore met well.

An action was raised to appoint an individual to manage the home and submit an application to Ofsted. This has not happened and is raised again as a new action. However, the registered individual has come close to making two appointments which have fallen through at the last minute. She has also been actively standing into the manager role during this period. She intends now to submit a personal application to Ofsted for the manager position to avoid any further delay on this matter.

The final action concerned the maintenance of individual records for each young person which is up to date and signed and dated by the author of each entry. There are now daily log books covering a number of aspects of the young person's day which are commented upon in their log by the staff caring for them on the shift. These records are satisfactory and are dated and signed. There are also improved care plans and health plans. Discussion took place with the registered individual about children's case records and ways in which the usefulness of these can be improved. The action is met.

The first of the 12 recommendations was to ensure that young people are not routinely excluded from communal meals. The home have considered the care needs and feelings of all the young people and offer them choices about sitting to the table even when they are unable to take food. They are observed to seek different ways to include young people in a dignified, sensitive and individual way. This recommendation is met.

The second recommendation concerned the provision of high calorie dressings for young people's meals which contributed to weight management issues. The home have found it helpful to moderate the use of mayonnaise and ketchup by putting these into small pots for the table. This recommendation is met.

The third recommendation was to ensure that meals are well-managed, orderly and sociable. Improved staffing levels and the movement of medication administration to bedtime have served to improve meal times in the home. All young people have significant learning and physical disabilities and their care plans require careful appropriate management of meals to suit their individual needs. This recommendation is met.

The fourth recommendation was to ensure that young people's health plans cover all the elements specified in the standard. A new format has been adopted which lends itself to a child-friendly, easy to use health plan. These cover all the required elements, but their effectiveness depends on the efficiency of their use. Some details are not dated or updated where needed and it is unclear how well they are used to drive planning and timely actions to support and improve young people's health as much as possible.

A recommendation was made that all medication be kept securely. There is now a

lockable fridge and more secure storage of the key for the medicine cabinet which is sited in the secure office. This recommendation is fully met.

The sixth recommendation concerned the safe practice of measuring and administering liquid medication through a gastrostomy tube. There is a policy and written guidance in place concerning this and staff now ensure that the remaining medication storage bottle remains sterile through use of a bung when drawing off measured amounts of medication to administer through a feeding tube. This recommendation is met.

A recommendation was made to ensure that the gas installations are inspected annually because the certificate seen at the inspection was over one year old. The gas installation inspection is up to date and there is a prompt in place in the home's diary to arrange the next one on or before the due date. This recommendation is met.

The eighth recommendation was that placement plans should clearly set out the child's assessed needs, the objectives of the placement and how the home and staff will meet these. The placement plans for every young person have been changed and are now more specific about young people's day-to-day care needs and how these are to be met. The young person's objectives are used to inform the shift planner to help focus staff each day on what progress the young person needs to make and how to achieve it. The placement plans are more effective than previously and young people's enjoyment and achievement is being more clearly recorded in memory books. However, reviewing, dating of progress and creation of new revised goals are not clear in all plans. In addition, staff understanding of the objectives and effective use of the recording tools is satisfactory rather than good. This slightly holds back the effectiveness of placement plans in driving progress for young people.

The ninth recommendation concerned ensuring that young people's opinions are obtained and that they are included as fully as possible in decisions. The young people presently in placement have few, if any speaking skills and are operating at very young developmental ages. The children's guide is presented to them in simple sign language, but it is acknowledged that this, and any young people's meetings or written materials about how to complain, do nothing to really serve the young people. The home has regular stakeholder meetings for parents and carers to help ensure that they can represent their young person's opinions. There is also a regular visiting advocate who has a good understanding and experience of working with young people with developmental and communication disabilities. In addition, consistent and skilled staff are tuned into individual young people's moods and methods of expression and communication and use Makaton proficiently. Staff work hard and use objects of reference and photographs as props at times to provide young people with appropriate choices. Staff interpret young people's answers with sufficient skill to ensure that a real choice has been given. This recommendation is met.

A recommendation was made that the home be maintained in a good state of structural and decorative repair. This related to a bathroom floor which required

repair. This was repaired in the same week as the inspection. The home is observed to be clean, well decorated and visually in a good state of repair. This recommendation is met.

The eleventh recommendation concerned information contained in the children's guide. There was no information about how to secure access to an independent advocate and how to complain. This information has been added and the guide is in each young person's room. However, none of those currently in residence are able to understand the information presented in written and symbol format. The registered individual is considering making a DVD to show to prospective residents to help convey necessary information about their rights. However, it remains very much the responsibility of those adults involved in the young person's care to ensure that their rights are respected. This recommendation is adequately met.

The final recommendation concerned staff taking risk assessment and safe use of splints training. The organisation of a training matrix and reference to training in appraisal have helped ensure that staff receive required training. All staff took part in risk assessment training in June 2011 and a qualified nurse on staff has ensured that staff are competent in the correct application of splints. This recommendation is met.

Helping children to be healthy

The provision is not judged.

Protecting children from harm or neglect and helping them stay safe

The provision is satisfactory.

Young people benefit from suitably trained, sensitive, considerate care staff who respect their privacy and dignity well. Young people's sexuality, gender, level of understanding and intimate care needs are carefully considered so that they are safeguarded and their chronological ages respected. Young people are given choice about the gender and individuals who perform their personal care and consistency of staff is provided generally well. Wherever possible, two staff conduct personal care duties discreetly in young people's bedrooms and bathrooms. So far as possible, young people are helped to have physical and telephone contact with family and friends, including being given opportunities to continue seeing former residents to whom they have formed an attachment. A suitably skilled advocate visits the setting regularly and there are monthly stakeholder meetings for parents and carers. Appropriate ways to provide information about how to complain are provided in the staff handbook, the Statement of Purpose and the children's guide. It is acknowledged, however, that the young people presently placed do not have the capacity to make a complaint of their own volition. This is due to the severity of their learning difficulty rather than solely a communication need. Nevertheless, staff have regular training on complaints and child protection.

Staff demonstrate an adequate understanding of safeguarding procedures and they use sufficiently robust systems to log and record all aspects of the young person's care and daily life. This ensures that there is transparent practice which is able to stand up to allegation, complaint or child protection investigation. For example, there is consultation with placing social workers and health professionals to ensure that signs of possible physical abuse are correctly logged and notified. Agreed individual protocols are used alongside this to balance any relevant individual health needs. For example, the home organises a medical review which ascertains that a persistent appearance of bruising is clearly identified to have no child protection concern associated with it. Instead, medication is altered in an effort to alleviate the symptoms for the young person and improve their quality of life.

Young people are protected from bullying and harm by vigilant and proactive staff who understand each individual young person's behaviours and how to manage these effectively. Staff respond positively to all acceptable behaviour and engagement from young people. They do not patronise. As a result, young people are mostly content and feel that they have choices and control about what they do and who they are with. Staff respect young people and give young people clear advice and guidance which is appropriate to their ability to understand. Records about young people's behaviours are used as tools to analyse causes and identify appropriate responses and actions to take. For example, medical assessments and psychological assessments are requested and undertaken to find out if the causes of certain behaviours are physical, pain related, or psychologically based. This ensures that appropriate action is taken to ensure that young people receive good medical care and achieve as much well-being as they can. There are no restraints logged. Sanctions or consequences following behaviour issues are also rare because young people placed do not have the capacity to reflect upon the effects of their behaviour upon others. Nevertheless, simple acts of acceptable apology may be prompted, for example, to say sorry, or to send a card to a neighbour. There are no instances of absence without authority. Bullying is not seen in the home or stated in records to be an issue. There is a suitable policy about it, but there is no documented risk assessment about the times, places and circumstances where bullying is most likely. As a result, there is insufficient consideration given to how the home and its staff can counteract and minimise the potential for bullying to take place.

Young people live in a home that provides suitable levels of physical safety and security. Visitors' identification is checked and a log completed. Main entrance doors are kept locked and some of the bedrooms are equipped with monitors and door alarms when young people are in their rooms at night. This is appropriate to their needs. There are large enough communal rooms to allow for safe movement and there are suitable and safe bathrooms with regulated water temperatures. Hoisting and lifting equipment is serviced and used safely to assure young people's dignity and safety when they have significant health issues and physical disabilities. Risk assessments and safety checks help to support safety inside and outside the home, but the outside bin for the clinical waste is overflowing. This poses a potential hazard to health. Nevertheless, emergency procedures are robust and regularly practised. Safety checks and planned responses minimise and prepare for various crises and consider the impact of new admissions to the home. Vetting of staff and visitors is

suitable overall, but there are gaps in employment which are not noted or addressed during the vetting of some staff. This detracts from the otherwise robust recruitment processes.

Helping children achieve well and enjoy what they do

The provision is not judged.

Helping children make a positive contribution

The provision is not judged.

Achieving economic wellbeing

The provision is not judged.

Organisation

The organisation is not judged.

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/s meets the Care Standards Act 2000, Children's Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

Std.	Action	Due date
27	provide evidence in recruitment files that all the requirements of Schedule 2 have been met in every case, in particular, a full employment history together with a satisfactory explanation of any gaps in employment (Regulation 26, Schedule 2.6)	15/04/2011
34	appoint an individual to manage the children's home and submit an application to Ofsted for their registration. (Regulation 7)	15/04/2011

Recommendations

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

- regularly carry out and review recorded risk assessments of the times, places, and circumstances in which the risk of bullying is at its greatest and take action where feasible to reduce and counteract the risks (NMS 18.5)
- ensure that risk assessments in relation to the home's premises and grounds are effective in identifying and promptly reducing the risks associated with the disposal of general and clinical waste (NMS 26.2)
- ensure that the home's Statement of Purpose clearly states what surveillance and security are used in the home and the home's policy in relation to anti-discriminatory practice in respect of children and children's rights. (NMS 1.2)