

Inspection report for children's home

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Inspector	Paula Lahey
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Provision subtype	Children's home

Date of last inspection	09/06/2011
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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 to assess the effectiveness of the service and to consider how well it complies with the relevant regulations and meets the national minimum standards.

The report details the progress made by the provider since the last full inspection, identifies any further strengths, any areas for improvement and makes judgements as outlined in the *Inspection of children's homes – framework for inspection (March 2011)*.

The inspection judgements and what they mean

Good progress	The children's home has demonstrated continued improvement in quality of care and outcomes for children and young people and where appropriate has addressed all requirements and the large majority of recommendations that were raised at the previous inspection.
Satisfactory progress	The children's home has maintained quality of care and outcomes for children and young people and where appropriate has addressed all requirements and the majority of recommendations that were raised at the previous inspection.
Inadequate progress	The children's home has failed to address one or more requirements and/or has not met the majority of recommendations and/or the quality of care and outcomes for children and young people have declined since the last full inspection.

Service information

Brief description of the service

This local authority service is registered to provide care and accommodation up to ten children and young people. The service can provide a home and a short break service for children and young people who may have a physical disability and/or a learning disability.

Progress

Since their previous inspection the service is judged to be making **inadequate** progress.

At the full inspection that was carried out in June 2011, the overall effectiveness of the service was judged as satisfactory. Two requirements and two recommendations have been successfully met, however, the home has failed to sufficiently address one requirement, and the majority of recommendations previously made. These remain areas for improvement and in addition, a further requirement has been raised relating to mandatory staff training.

The home has experienced high levels of staff absence in recent months. There has been a commitment to cover shifts with internal staff to ensure appropriate ratio levels are met and young people receive continuity of care. Consequently this has impacted on the ability of the service to fully focus on improvements and developments.

The home has improved medication systems and practices. This includes ensuring that all medication received into the service is appropriately labelled and that medication is now taken to young people rather than them accessing the medical room. This practice is more person-centred and positively affects outcomes for young people. Restraint records now include consistent information about de-escalation techniques showing that physical intervention is only used as a last option in order to ensure young people's safety. Restraint continues to be used minimally. Practice demonstrates a more consistent approach in the checking of all visitors into the service, resulting in improved safety and security of young people.

The staff group are reviewing placement planning and care files and have made suggestions of how to improve the current documents. It is anticipated that new formats will address the previous recommendations relating to recording cultural needs, updating individual risk assessments and ensuring staff are fully informed about young people's communication needs and activity preferences. This work presently remains in the planning stages with limited improvement in current documentation and risk assessments and therefore the previous recommendations are reinstated.

Staff continue to need additional training to ensure they consistently and confidently use total communication approaches including signing, symbols and individual communication aids when communicating with young people who require this support. Initial progress was made relating to documenting activities that young people have participated in within the home. However this continues to be an area requiring greater consistency as currently it is not clearly evidenced that young people engage in purposeful activities.

The requirement relating to staff support and appraisal remains as there continues to be inconsistent practice in ensuring that all staff, including the Registered Manager, receive regular formal supervision and appraisal in line with organisation policies.

Handover meetings between shifts continue to occur regularly; however they remain ineffective in providing clear direction for staff particularly in relation to the forward planning of evening and weekend activities. Whilst staff training files contain copies of certificates achieved, a training plan overview has not been completed and it continues to be difficult to identify when staff require training updates. The service also reports recent difficulty in accessing sufficient availability for mandatory training. This has resulted in a percentage of staff being out of date with mandatory updates and therefore a requirement has been made.

The recommendation relating to a development plan has not been addressed. The lack of this document means there is no clear direction and strategy about how the home will prioritise and address areas for improvement.

Physical adaptations within the home have included the provision of additional tracking hoists and completion of the sensory garden. Both these developments provide improved quality of care and positive outcomes for young people. Since the last inspection the home has successfully supported young people who have been newly admitted to the service, particularly those staying for longer placements. This has resulted in improved outcomes in their behaviour, health, and family contact which has been recognised and positively commented on by placing and legal authorities and families.

Areas for 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 person(s) must comply with the given timescales.

Reg.	Requirement	Due date
27 (2001)	ensure that all staff employed at the home receive regular formal supervision and an annual appraisal. (Regulation 27 (4) (a)).	01/02/2012
27	ensure that all persons employed at the home receive	01/04/2012

(2001)	appropriate training. This relates specifically to ensuring all staff complete mandatory training updates. (Regulation 27 (4)(a)).	
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Recommendations

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

- ensure that all children and young people communicate their views on all aspects of their care and support. This specifically relates to staff having the training and skills to communicate effectively (NMS 1.3)
- ensure that children and young people are able to enjoy their interests, develop confidence in their skills and are supported and encouraged by staff to engage in leisure activities (NMS 7)
- ensure risk assessments are carried out to identify any potential sources of harm to the children and are recorded in writing and are regularly reviewed (NMS 10.8)
- ensure that the registered person has a written development plan, reviewed annually, for the future of the home, either identifying any planned changes in the operation or resources of the service, or confirming the continuation of the home's current operation and resource. This relates specifically to determining how the home will prioritise and address areas for improvement (NMS 15.2)
- ensure the learning and development programme is evaluated for effectiveness and updated at least annually (NMS 18.2)
- ensure that staff are equipped with the skills required to meet the needs of the children and young people. In particular, this relates to the use of specialist communication aids and knowledge of communication systems (NMS 18.1)
- ensure that staff are supported and guided to fulfil their roles and provide a high quality service to children. In particular this relates to handover and team meetings providing clear direction and expectations of staff and enable time for effective planning of the immediate and forthcoming shifts (NMS 19)
- ensure that records contribute to an understanding of the child's life. In particular this relates to the identification and documentation of a child's cultural, religious, and racial needs. (NMS 22)