

# SC032069

Registered provider: Praxis Care

Full inspection

Inspected under the social care common inspection framework

## Information about this children's home

This service provides short breaks, in adapted accommodation, for up to eight children with a range of disabilities. The registered manager is working towards the level 5 qualification. He has extensive experience supporting people with disabilities.

Due to COVID-19 (coronavirus), at the request of the Secretary of State, we suspended all routine inspections of social care providers on 17 March 2020.

### Inspection dates: 8 to 9 June 2021

**Overall experiences and progress of children and young people, taking into account** **good**

How well children and young people are helped and protected **good**

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

The children's home provides effective services that meet the requirements for good.

**Date of last inspection:** 9 April 2019

**Overall judgement at last inspection:** Good

**Enforcement action since last inspection:** None

## Recent inspection history

| Inspection date | Inspection type | Inspection judgement   |
|-----------------|-----------------|------------------------|
| 09/04/2019      | Full            | Good                   |
| 23/05/2018      | Full            | Good                   |
| 17/10/2017      | Full            | Good                   |
| 16/03/2017      | Interim         | Improved effectiveness |

## Inspection judgements

### **Overall experiences and progress of children and young people: good**

Children have continued to have their short breaks during the pandemic. Families have been very appreciative of this continued support for their children. A variety of measures to keep children and staff safe have been implemented. Families have a high level of trust that the service will keep their children safe. Children have adapted well to the changes in routine and have been accepting of the measures put in place to protect them.

Children look forward to their stay. There are a good range of toys and activities for them to play with. Specialist sensory equipment has recently been updated. During the pandemic, staff provided a range of fun activities in the house and in the large garden. Trips into the community are increasing as the restrictions ease.

Children have positive relationships with staff. Staff are child focused and talk passionately about the children and the service. They are skilled at building relationships with children in a short space of time. As a result, children develop a sense of belonging and security.

Transitions into the service are very well planned. Staff seek detailed information about the child's needs. They work closely with families and children to produce an individual plan. Having this level of information and detail ensures that staff are well prepared for when a child has their first visit. This means that children are successfully introduced to the home and have a positive experience.

The bungalows are homely and well maintained. Children generally stay in the same bedroom every time that they visit. The bedrooms are personalised for each child with bedding, photographs and toys. This helps children to settle into a routine and feel secure in their surroundings.

### **How well children and young people are helped and protected: good**

There are clear procedures for the administration of medication. Checks take place every time the child uses the service and at various points during their stay. As a result, medication errors are very rare. Medication is stored securely, however, there is no system in place to check the temperature at which it is stored. This could mean that medication is stored above the recommended temperature.

Because staff know the children's complex and specific needs so well, they are able to predict the children's behaviour and intervene to keep them safe. Staff are skilled at understanding and responding to children's non-verbal cues. Consequently, physical intervention is rarely used. Some staff have received specialist positive behaviour support training. Behaviour plans and risk assessments are being updated in line with this training.

Incident records do not always give a clear description of what action staff have taken. The recording format does not clearly distinguish between different types of interventions. This makes it difficult to oversee what interventions are being used.

Listening devices are used at night to support children who have epilepsy. This is agreed with parents and documented in the child's restrictive practices log. Other restrictive practices, such as the use of a lap belt on a wheelchair, are agreed and reviewed regularly. However, not all restrictions are documented, which means some children could have unnecessary restrictions in place.

Due to the level of their need, most children require support from staff with their personal care. The manager has consulted with parents about how their child should be supported and which gender of staff can provide the care. Parents described this as a difficult, but important, conversation. Having an open and transparent approach to personal care helps to keep children safe.

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

The manager has substantial experience of working with people with disabilities. He is passionate about the service and the support it offers to children and families. He has a clear vision to improve and develop the service.

Poor record-keeping makes it difficult for the manager to have good oversight of how the home is performing. Information is duplicated across a number of records, resulting in inconsistent direction to staff. Outcomes for children are not always clearly defined, making it difficult to track the progress that children make.

The independent visitor tends to visit when the children are at school. This means that they cannot seek the views of children either by talking with them or through observation. Views of parents and professionals are not always sought either. This does not help to provide the manager with a rigorous assessment of the quality of the home's care.

The vast majority of staff are qualified and have substantial experience of supporting children with disabilities. Ongoing training keeps their knowledge and skills updated. Staff turnover is low. Staff receive good support through planned supervisions and appraisals.

## 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     |
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| <p>The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children's home that—</p> <p>helps children aspire to fulfil their potential; and</p> <p>promotes their welfare.</p> <p>In particular, the standard in paragraph (1) requires the registered person to—</p> <p>understand the impact that the quality of care provided in the home is having on the progress and experiences of each child and use this understanding to inform the development of the quality of care provided in the home.<br/>(Regulation 13 (1)(a)(b) (2)(f))</p> <p>In particular, that record-keeping is consistent and accurate, for the manager to have an overview of the home and the progress that children make.</p> | 31 July 2021 |
| <p>The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children's home.</p> <p>In particular the registered person must ensure that—</p> <p>medicines kept in the home are stored in a secure place so as to prevent any child from having unsupervised access to them;</p> <p>medicine which is prescribed for a child is administered as prescribed to the child for whom it is prescribed and to no other child; and</p> <p>a record is kept of the administration of medicine to each child.</p>                                                                                                                                                                           | 31 July 2021 |

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| <p>Paragraph (2) does not apply to medicine which—</p> <p>is stored by the child for whom it is provided in such a way that other persons are prevented from using it; and</p> <p>may be safely self-administered by that child.<br/>(Regulation 23 (1) (2)(a)(b)(c) (3)(a)(b))</p> <p>This relates to ensuring that medication is stored at the correct temperature.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |
| <p>The registered person must ensure that—</p> <p>within 24 hours of the use of a measure of control, discipline or restraint in relation to a child in the home, a record is made which includes—</p> <p>the name of the child;</p> <p>details of the child’s behaviour leading to the use of the measure;</p> <p>the date, time and location of the use of the measure;</p> <p>a description of the measure and its duration;</p> <p>details of any methods used or steps taken to avoid the need to use the measure;</p> <p>the name of the person who used the measure (“the user”), and of any other person present when the measure was used;</p> <p>the effectiveness and any consequences of the use of the measure; and</p> <p>a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure;</p> <p>within 48 hours of the use of the measure, the registered person, or a person who is authorised by the registered person to do so (“the authorised person”)—</p> <p>has spoken to the user about the measure; and</p> <p>has signed the record to confirm it is accurate; and</p> | <p>31 July 2021</p> |

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| <p>within 5 days of the use of the measure, the registered person or the authorised person adds to the record confirmation that they have spoken to the child about the measure.</p> <p>(Regulation 35<br/>(3)(a)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(b)(i)(ii)(c)(i)(ii))</p> <p>This relates to ensuring that there is an accurate description of the measure used.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |
| <p>The registered person must ensure that an independent person visits the children's home at least once each month.</p> <p>When the independent person is carrying out a visit, the registered person must help the independent person—</p> <p>if they consent, to interview in private such of the children, their parents, relatives and persons working at the home as the independent person requires; and</p> <p>to inspect the premises of the home and such of the home's records (except for a child's case records, unless the child and the child's placing authority consent) as the independent person requires.</p> <p>A visit by the independent person to the home may be unannounced.</p> <p>The independent person must produce a report about a visit ("the independent person's report") which sets out, in particular, the independent person's opinion as to whether—</p> <p>children are effectively safeguarded; and</p> <p>the conduct of the home promotes children's well-being.</p> <p>The independent person's report may recommend actions that the registered person may take in relation to the home and timescales within which the registered person must consider whether or not to take those actions.</p> <p>(Regulation 44 (1) (2)(a)(b) (3) (4)(a)(b) (5))</p> <p>This relates to the independent visitor seeking the views of children.</p> | <p>31 July 2021</p> |

## **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:** SC032069

**Provision sub-type:** Children's home

**Registered provider:** Praxis Care

**Registered provider address:** 25 Lisburn Road, Belfast BT9 7AA

**Responsible individual:** Richard Broughton

**Registered manager:** Luke Fowkes-Goodwin

## **Inspector**

Alison Marshall, Social Care Inspector

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