

SC032069

Registered provider: Praxis Care

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home provides short breaks for up to eight children with learning disabilities.

The manager is qualified and registered with Ofsted.

Inspection dates: 29 and 30 November 2022

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

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

The effectiveness of leaders and managers **inadequate**

There are serious and widespread failures that mean children and young people are not protected or their welfare is not promoted or safeguarded. The care and experiences of children and young people are poor and they are not making progress.

Date of last inspection: 8 June 2021

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
08/06/2021	Full	Good
09/04/2019	Full	Good
23/05/2018	Full	Good
17/10/2017	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: inadequate

Concerns about safeguarding practice at this home have led to an inadequate judgement. None of the requirements set at the last inspection have been met. At this inspection, these have been restated, and further requirements set. Ofsted has also issued a restriction of accommodation notice, to ensure that no further children are cared for at this home, given the current concerns.

Children have not been able to build trusted and secure relationships with the adults who care for them. This is because the service is not properly staffed and resourced to meet the needs of children, due to an ongoing shortage of staff. This has been exacerbated by the COVID-19 pandemic and its effects on the workforce. The home needs to use temporary staff on a daily basis. This has had a significant impact on children's progress and their ability to enjoy experiences that would normally be available to them.

Children's wishes and feelings are not routinely sought and recorded in their care plans. Some children's records have not been updated in over a year. This prevents children, including those who communicate non-verbally, from having a say in their care. It also prevents children with disabilities from actively participating in decisions about their lives.

Children continued to have their short breaks during pandemic restrictions. Families appreciate the service, with many calling it a 'lifeline'. The home has a good range of activities for children to engage in and a large outdoor play area. Some areas of the home appear worn and tired. For example, some internal décor and furnishings need updating.

How well children and young people are helped and protected: inadequate

One child has suffered neglectful care on two occasions, resulting in harm. Staff did not know the child well enough to adequately meet their complex care needs. The child's care plans and risk assessments were poorly written. This contributed to the harm suffered.

Risk assessments are of poor quality. They lack crucial information and are not linked to any other documents, which prevents staff having a thorough understanding of children's needs. Inspectors found many examples where significant safeguarding risks were omitted from relevant plans, which leaves children at risk of harm.

Child protection concerns are not adequately recorded or evaluated. Communication with other safeguarding partners is poor. There is a distinct lack of professional

curiosity relating to safeguarding throughout the home. Managers do not evaluate safeguarding concerns, contributing to inadequate safeguarding practices.

The use of body maps is ineffective and places children at continued risk of harm. Staff do not know how to complete such tools effectively, which means there are many missed opportunities for keeping children safe. One child, who was the subject of a child protection plan, arrived at the setting with a number of injuries. Staff did not evaluate these injuries or communicate with other professionals about their concerns. There was no professional discussion about how such injuries could have been caused. Just hours after a first body map exercise, the same child was the subject of a second body map exercise which recorded significantly different injuries, which undermines the reliability of the exercise. The home's use of body maps does not provide any way of adequately tracking or monitoring injuries to children, which falls short of good safeguarding practice.

Responses to medication errors are inadequate and could have significant implications for children with complex health needs. Staff do not always follow the home's medication processes adequately. One child was given too much medication twice on the same day and no independent medical advice was sought. The disposal of medicines is not always done safely and is not clearly documented.

Recruitment processes require improvement. Currently, the manager is failing to obtain a full employment history of potential employees. Full and satisfactory information is not always available in respect of each of the matters in schedule 2. This prevents the manager assuring themselves that only suitable adults care for children in the home.

The effectiveness of leaders and managers: inadequate

Leaders and managers have not used internal monitoring systems effectively to improve the progress and experiences of children. There has been no identifiable progress since the last inspection. Requirements set at the last inspection have not been met. Leaders and managers told inspectors they are aware of the shortfalls. However, despite this awareness, action taken has been insufficient.

Staff do not always feel supported by leaders and managers and they do not always receive regular supervision. Many staff have left the service, taking with them years of experience. Some staff are worried about other staff leaving the home and the significant impact this has on children. Staff worry about having to train and supervise new and inexperienced staff while also caring for children with complex needs. This is having a detrimental impact on staff morale.

Appropriate inductions for new staff and temporary staff are not always completed. Children are being cared for by adults they do not know well and who do not fully understand their needs. Given the children's complex care and health needs, this is detrimental to their welfare. The home's ethos has become about maintaining progress for children rather than being ambitious for them.

Inadequate record-keeping prevents the manager from having good oversight of incidents and progress for children. The manager is often aware of information but it is not presented clearly in records. Information is inconsistent and ambiguous, leading to additional challenges for staff. Outcomes for children are not clear or defined, making it difficult to track or evaluate any progress made.

The independent visitor has continued to visit mainly when children are at school, despite the need to see children being a requirement set at the previous inspection. The views of families and other professionals are not routinely sought. This prevents the views of children and important stakeholders informing evaluation and change and further impedes the manager's quality assurance processes.

Serious incidents are not always shared with the regulator. This prevents a thorough evaluation from being carried out and restricts Ofsted's ability to evaluate how well children are safeguarded at the home.

The manager does not have a robust system in place for monitoring, reviewing and evaluating children's care. This limits their ability to produce a quality of care review report in line with regulation. This report does not routinely consider the opinions of children, families, staff and placing authorities, which is a shortfall.

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 quality and purpose of care standard is that children receive care from staff who— understand the children's home's overall aims and the outcomes it seeks to achieve for children; use this understanding to deliver care that meets children's needs and supports them to fulfil their potential. In particular, the standard in paragraph (1) requires the registered person to— ensure that staff— protect and promote each child's welfare; treat each child with dignity and respect; provide personalised care that meets each child's needs, as recorded in the child's relevant plans, taking account of the child's background; ensure that the premises used for the purposes of the home are designed and furnished so as to— meet the needs of each child; and enable each child to participate in the daily life of the home. (Regulation 6 (1)(a)(b) (2)(b)(ii)(iii)(iv)(c)(i)(ii)) This relates to ensuring children receive good-quality care which protects their welfare, in line with their care and support plans. This also relates to ensuring the home is furnished to a good standard, with areas that need repair or maintenance addressed swiftly to ensure children enjoy the best possible environment.	23 February 2023

The children's views, wishes and feelings standard is that children receive care from staff who— develop positive relationships with them; engage with them; and take their views, wishes and feelings into account in relation to matters affecting the children's care and welfare and their lives. (Regulation 7 (1)(a)(b)(c)) This relates to ensuring that staffing provides consistency of care for children, so that they can develop positive relationships. Children's views and feelings should be sought regularly to inform their care.	23 February 2023
The protection of children standard is that children are protected from harm and enabled to keep themselves safe. In particular, the standard in paragraph (1) requires the registered person to ensure that staff— assess whether each child is at risk of harm, taking into account information in the child's relevant plans, and, if necessary, make arrangements to reduce the risk of any harm to the child; help each child to understand how to keep safe; have the skills to identify and act upon signs that a child is at risk of harm; manage relationships between children to prevent them from harming each other; understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person; take effective action whenever there is a serious concern about a child's welfare; and are familiar with, and act in accordance with, the home's child protection policies.	23 February 2023

that the home's day-to-day care is arranged and delivered so as to keep each child safe and to protect each child effectively from harm. that the premises used for the purposes of the home are designed, furnished and maintained so as to protect each child from avoidable hazards to the child's health. that the effectiveness of the home's child protection policies is monitored regularly. (Regulation 12 (1) (2)(a)(i)(ii)(iii)(iv)(v)(vi)(vii)(b)(d)(e)) This relates to ensuring that children's care plans and risk assessments are adequately updated to keep children safe. This also relates to staff having the skills to identify and act on child protection concerns, to follow relevant safeguarding policies and to take effective action. Records of all significant incidents should be clear and detailed, and demonstrate evaluation and management oversight, reflection and learning. Staff should be skilled in completing body maps when children present with injuries and know how to evaluate such records and act accordingly to ensure children are safeguarded from risk of harm.	
The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children's home that— helps children aspire to fulfil their potential; and promotes their welfare. In particular, the standard in paragraph (1) requires the registered person to— lead and manage the home in a way that is consistent with the approach and ethos, and delivers the outcomes, set out in the home's statement of purpose; ensure that staff work as a team where appropriate; ensure that staff have the experience, qualifications and skills to meet the needs of each child; ensure that the home has sufficient staff to provide care for each child; ensure that the home's workforce provides continuity of care to each child.	23 February 2023

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. demonstrate that practice in the home is informed and improved by taking into account and acting on— research and developments in relation to the ways in which the needs of children are best met; and feedback on the experiences of children, including complaints received use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(a)(b) (2)(a)(b)(c)(d)(e)(f)(g)(i)(ii)(h)) This relates to the manager deploying effective leadership skills to continually review and evaluate the quality of care to children. Robust quality assurance and monitoring systems need to be in place. It also relates to having accurate record-keeping systems to enable the manager to evaluate the progress of children.	
The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children's home. In particular the registered person must ensure that— 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 a record is kept of the administration of medicine to each child. (Regulation 23 (1) (2)(b)(c)) This relates to ensuring that medication errors are evaluated effectively and relevant policies are followed. Records of such errors should be accurate and contain all necessary information.	23 February 2023
The registered person must ensure that the employment of any person on a temporary basis at the children's home does not prevent children from receiving such continuity of care as is reasonable to meet their needs. (Regulation 31 (1))	23 February 2023

This relates to consistency of care for children with complex needs and the impact on them of having temporary staff in the home on a daily basis.	
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— 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) (3)(d)) This relates to ensuring full information is available for each employee in respect of schedule 2.	23 February 2023
The registered person must— ensure that each employee completes an appropriate induction. (Regulation 33 (1)(a)) This relates to ensuring that all staff, including those who are temporary, receive induction sufficient to enable them to meet the needs of disabled children with complex health and care needs.	23 February 2023
The registered person must ensure that— 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— the name of the child; details of the child's behaviour leading to the use of the measure;	23 February 2023

the date, time and location of the use of the measure; a description of the measure and its duration; details of any methods used or steps taken to avoid the need to use the measure; the name of the person who used the measure ("the user"), and of any other person present when the measure was used; the effectiveness and any consequences of the use of the measure; and a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure; 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")— has spoken to the user about the measure; and has signed the record to confirm it is accurate; and 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. (Regulation 35 (3)(a)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(b)(i)(ii)(c)(iv)) This relates to ensuring accurate records are kept of any incident of restraint, and that these are properly evaluated by the manager.	
The registered person must notify HMCI and each other relevant person without delay if— an incident requiring police involvement occurs in relation to a child which the registered person considers to be serious; a child protection enquiry involving a child — is instigated; or concludes (in which case, the notification must include the outcome of the child protection enquiry); or	23 February 2023

there is any other incident relating to a child which the registered person considers to be serious. (Regulation 40 (4)(b)(d)(e)) This relates to serious incidents not being notified to the regulator, which prevents a thorough evaluation of care provided to children.	
The registered person must ensure that an independent person visits the children's home at least once each month. When the independent person is carrying out a visit, the registered person must help the independent person— 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. (Regulation 44 (1) (2)(a)) This relates to the independent visitor visiting the home when children are present and seeking their views on their care.	23 February 2023
The registered person must complete a review of the quality of care provided for children ("a quality-of-care review") at least once every 6 months. In order to complete a quality of care review the registered person must establish and maintain a system for monitoring, reviewing and evaluating— the quality of care provided for children; the feedback and opinions of children about the children's home, its facilities and the quality of care they receive in it; and any actions that the registered person considers necessary in order to improve or maintain the quality of care provided for children. After completing a quality-of-care review, the registered person must produce a written report about the quality of care review and the actions which the registered person intends to take as a result of the quality of care review ("the quality of care review report"). The registered person must—	23 February 2023

supply to HMCI a copy of the quality-of-care review report within 28 days of the date on which the quality of care review is completed; and

make a copy of the quality-of-care review report available on request to a placing authority, if the placing authority is not the parent of a child accommodated in the home.

The system referred to in paragraph (2) must provide for ascertaining and considering the opinions of children, their parents, placing authorities and staff.

(Regulation 45 (1) (2)(a)(b)(c) (3) (4)(a)(b) (5))

This relates to ensuring there is a robust system in place for monitoring, reviewing and evaluating children's care. The manager must ensure this considers the opinions of children, families, staff and placing authorities.

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

Inspectors

Rachael Sprigg, Social Care Inspector
Andi Lilley-Tams, Social Care Inspector

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