Inspection report for children's home

Unique reference number	SC033120
Inspection date	22 June 2010
Inspector	Mary Timms
Type of Inspection	Key

Date of last inspection	9 November 2009

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 home provides residential support for families who have children with a learning difficulty, some of whom may also have a physical disability. There are six registered placements for children of either sex between five and 18 years of age. The service primarily provides planned short stay respite placements, however, it is able to provide two emergency or assessment placements for longer periods of need.

The home has a range of individual and communal areas for children. Two lounge areas and a dining area are provided in the main house with further lounge and dining areas facilitated in linked accommodation. Children have individual bedrooms. Bathrooms are equipped with adaptations to support the needs of children using the service. The home has two separate outside areas with suitable play equipment.

Summary

At this unannounced full inspection all key standards were inspected. The progress the provider has made with previously set required actions and recommendations has also been reviewed.

This is a satisfactory service with some aspects judged as good. The service provides children with an appropriate care environment where adaptations and necessary equipment are provided to meet assessed needs. Safeguarding arrangements are well planned and protect children.

Children are looked after by an experienced and knowledgeable staff team. Parents and involved professionals are consulted about placement planning. Children's health is monitored and healthy eating is encouraged. Children are supported to make personal choices and to reach agreed goals.

Shortfalls are identified in relation to the recording of complaints, several aspects of staff training and areas of management monitoring. Required actions and recommendations have been set to ensure that children's home's regulations and national minimum standards are fully met by the service.

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 has taken action to improve the fire safety arrangements in the areas identified on the last inspection. Prompt action was taken to ensure that the issues for attention raised within the fire safety risk assessment undertaken in March 2009 were fully completed. Each child using the service now has a personal evacuation plan to support fire safety arrangements. An appropriate check of the safety of portable electrical appliances was undertaken following the last inspection.

The registered person has taken action to improve placement planning documents. Plans now provide improved information about behaviour management and also set out agreed targets in relation to the development of skills needed for children's future independence.

A recommendation to maintain a record of complaints in line with national minimum standards has not been fully met. Whilst there have been no formal complaints and only three concerns recorded, records do not always clarify the detail of how the concern was responded to.

While improvements to the level of core training provided to staff is noted in some areas, there continues to be gaps in both initial and refresher training.

Required actions have now been set in the areas which are found to be unmet and the progress the provider makes will be monitored by Ofsted.

Helping children to be healthy

The provision is satisfactory.

The primary responsibility for supporting health care needs remains with parents as children stay for only short break respite placements at this home. Health care needs are identified and are reflected into health care plans. The service works closely with primary healthcare nursing staff who assess children's health needs, provide guidance for staff and when necessary produce detailed care plans to direct practice in the home.

Medication administration systems are operated which support staff to meet children's medication requirements. Medication is stored securely which is primarily in the locked medication room or when due for administration in a locked medication trolley. A medication profile is produced for each child, medication received into the home on each respite stay is checked against the profile and any discrepancy is resolved after discussion with parents. Staff receive training from a pharmacist every three years. Senior staff also provide training and assess the competency of staff on a regular basis. Managers monitor the safety of the medication administration system and take action promptly when concerns arise.

Care staff are required to undertake limited healthcare tasks, for example to support the use of a gastrostomy tube or the potential that they may be required to administer emergency medication for epilepsy. Training for this is accessed from health professionals, however, when refresher training is due action is not always taken to ensure that this is facilitated promptly. This raises the potential that there may not always be appropriately trained staff, who are also assessed as currently competent by a health care professional to support children's needs.

Children's dietary needs are supported. Children and staff generally eat together around a large dining table. Some children may eat separately to discreetly support identified needs. Children are provided with a menu which supports their assessed individual needs and personal preferences. Meals are predominately homemade with only limited use of ready made options. Staff encourage children to make healthy choices at meal times.

Protecting children from harm or neglect and helping them stay safe

The provision is satisfactory.

Care arrangements support children to stay safe. Children are fully supervised and the premises are secure. Internal and external keypads prevent children from being able to leave the premises without staff supervision. When there is an identified concern that a child may attempt to leave the home risk management strategies are clarified within planning documents.

Families and children are provided with information which guides them through how to raise a complaint. Information for children is produced using simple language and symbols. Staff have a good understanding of the children using the service and are confident that they will quickly note any changes to children's demeanour which may show they have a concern. The service records low key issues raised by families as well as more formal complaints. However, records do not always set out the full details of how the complaint was addressed, as required by national minimum standards and children's home's regulations.

The environment is well maintained and issues of health and safety are monitored. An updated fire safety risk assessment was undertaken in April 2010 which identified some areas for attention and further improvement. Action has been taken by the Registered Manager in response to the report. However, fire safety training records and policies are found to be contradictory. For example, the home's fire policy states that staff will be trained in the use of portable fire extinguishers provided by a suitably qualified company, however, in practice managers state that staff are no longer required to use this equipment, instead focussing their attention on evacuating children. Not all staff have attended the broader fire training identified within the fire safety risk assessment. This highlights that training requirements, policy and procedures are inconsistent which raises the potential that some staff may be unclear as to their role and how best to safeguard children in the case of a fire.

Behaviour is well managed. Groups of children receiving care are planned to reduce the potential that predictable challenging behaviour may distress other children. Known behaviours, possible triggers and behaviour management strategies are set out in individual care plans. Parents are consulted about behaviour management and strategies are discussed within staff meetings. Physical intervention has not been required to manage behaviour since the last inspection of this home and sanctions are rarely used. Behaviour management training is provided for staff, however, several staff are overdue for initial or refresher training. This raises the potential that staff may not always be fully competent to deal with challenging behaviour.

Children are safeguarded by the staff recruitment procedures. All required checks are undertaken prior to staff commencing work in the home. Staff know how to safeguard children. Local Safeguarding Children Board procedures are readily available to staff. Safeguarding children training is provided for staff and individual plans and risk assessments guide safeguarding arrangements.

Children's privacy is respected. The provision of intimate personal care is informed by policy and procedures and is also detailed within individual care plans. Children are supported and encouraged, when appropriate, to manage some or all of their own personal care.

Helping children achieve well and enjoy what they do

The provision is good.

Children's educational needs are supported. As this is a short break respite service the primary responsibility for children's educational planning and support remains with parents. A visit to the child's school is made by staff at the point of referral in order to support a thorough assessment of need and to inform placement planning. Copies of the child's statement of special educational need are also available to inform care arrangements.

Children receive a good level of support. Individual support needs are set out clearly in placement planning documents, which also provide a good level of guidance for staff. Staff have a good

awareness of children's differing needs and understand how best to support them. Where appropriate children are encouraged to engage in activities with the other children in the group during a respite stay.

Helping children make a positive contribution

The provision is good.

Care arrangements are informed by a thorough assessment of need. Parents, schools and involved health professionals are consulted and contribute to an assessment at the point of referral. Well-detailed placement plans are produced which clarify children's individual needs and provide a good level of guidance for staff. Plans are reviewed on a monthly basis by key workers and a selection reviewed by managers each month.

Parents and children are provided with written information about the service at the point of referral. A children's guide is produced using simple language and symbols. Staff consult with parents in order to ascertain any improvements which may aid the individual child's understanding of the information provided. Parents are consulted about the quality of care children receive. Twice yearly surveys are sent out to parents in order to collate feedback to inform service development.

Achieving economic wellbeing

The provision is good.

Children are cared for in a well-maintained environment which is appropriately decorated and furnished to meet the needs of the children using the service. There is a range of available communal areas to support either group needs or for children who require individual support. Necessary adaptations and equipment are provided to support children's assessed needs.

Children are encouraged and supported to develop their independence at a level appropriate to their needs. Placement plans identify current goals for individual children. Targets may include increasing vocabulary or improving personal care skills.

Organisation

The organisation is satisfactory.

Children are supported by an experienced and knowledgeable staff team. The home is managed by a Registered Manager who is supported in her role by further management staff who are able to deputise in her absence. There is a core of very experienced staff working in the home who know the children well and are able to support and guide less experienced staff.

Children and families are provided with written information about the service which summarises appropriate details from the home's Statement of Purpose. Information for children uses simple language and symbols.

The promotion of equality and diversity is satisfactory. Placement plans set out details of children's individual needs clarifying any specific needs relating to issues of equality and diversity. The home provides adaptations for a diverse range of needs and staff support children to reach their potential. Staff training is provided in the area of equality and diversity, however, refresher training is overdue in some cases.

Children are cared for by knowledgeable staff. However, there are gaps in the provision of training identified by the service as 'mandatory', which raises the potential that some staff may not be fully competent. New staff undertake an induction programme which reflects the modules set by the Children's Workforce Development Council. While some staff have completed National Vocational Qualification at level 3 in Health and Social Care (Children and Young People), there are a number of staff who have yet to commence this training. Refresher training is overdue for some staff in several areas.

The quality of care children receive is monitored by the Registered Manager and also by external managers who visit the home on a monthly basis. However, training records are incomplete and also the shortfalls identified above in the team's training requirements had not been identified and actioned through management monitoring. This highlights that in some areas management monitoring does not ensure that children's home's regulations and national minimum standards are always fully met.

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
16	ensure that a written record is made of any complaint, the action taken in response and the outcome of the investigation (Regulation 24.1)	30 July 2010
31	ensure that staff receive appropriate training. In particular this relates to the need to ensure that all staff have undertaken training identified by the service as 'mandatory', including refresher training at the appropriate intervals. (Regulation 27.4)	30 July 2010

Recommendations

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

- ensure that new staff hold NVQ level 3 in Health and Social Care (Children and Young People) at the point of recruitment or begin working towards this within three months of joining the home (NMS 29.5)
- ensure that the Registered Manager monitors and signs the home's records at least once a month to identify any patterns or issues requiring action. In particular this relates to the need to improve the management monitoring of all aspects of staff training. (NMS 33.1)