Inspection report for children's home

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Inspection date	11/12/2013
Inspector	Denise Jolly
Type of inspection	Full
Provision subtype	Children's home

Date of last inspection	19/02/2013

Website: www.ofsted.gov.uk

Service information

Brief description of the service

The children's home is purpose-built and managed by a local authority. It provides short-break care for up to six children and young people with physical disabilities, learning disabilities and sensory impairment. It is appropriately adapted to address the needs of children and young people with these additional needs.

The inspection judgements and what they mean

Outstanding: a service of exceptional quality that significantly exceeds minimum requirements
Good: a service of high quality that exceeds minimum requirements
Adequate: a service that only meets minimum requirements
Inadequate: a service that does not meet minimum requirements

Overall effectiveness

The overall effectiveness is judged to be **adequate**.

Over recent months, the short breaks service has experienced changes in leadership, staffing, and the young people who use the service; as two services merged into one. Nevertheless, the home provides suitable and well-planned care. Staff demonstrate a strong commitment to supporting children with disabilities and complex health needs to enjoy short breaks at the home. Staff work well with parents and professionals to identify how best to support and develop children, and offer them activities and opportunities that may not otherwise be available to them.

Children and young people say and demonstrate that they feel safe and happy in the home. Staff operate safe and enabling systems of care and support, to ensure that children get the health and care they need. They liaise with schools and transport services, to ensure children continue with school attendance during their short break. Keyworkers contribute written reports, and attend placement planning and review meetings, resulting in short breaks that reflect the wishes of children, their parents, and the professionals who support them.

Areas for the home’s development include ensuring that the manager improves the quality of a range of records in the home. In particular, that care plans are kept up to date, including risk assessments and consents, and that they contain sufficient detail to support the identified health needs of children. Furthermore, that key workers integrate outcomes from review meetings into placement plans. One recommendation is repeated, that the plans are monitored and evaluated to assess the progress children make.

Improvements are required in the manager's monitoring of the conduct of the home, and subsequent links to a plan to improve the quality of care provided. This includes the records of administration of medication, the results of consultation with all stakeholders, and staff training needs. Finally, improvements to the Statement of Purpose are necessary, to ensure that all children placed in the home have their needs identified and met. Most shortfalls identified during this inspection relate to paperwork and monitoring of the home; staff continue to provide competent and dedicated care to vulnerable young people in ways that enable their lives to improve.

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
34 (2001)	ensure there is monitoring of the matters set out in Schedule 6 at appropriate intervals, including the records of risk assessments and medicines administered to children, to improve the quality of care in the home (Regulation 34 (1)(a&b))	24/01/2014
22 (2001)	ensure the use of electronic monitoring of children is subject to the conditions set out in the Regulation, in particular that its use is regularly reviewed (Regulation 22 (a-d))	24/01/2014
21 (2001)	ensure the registered person shall make suitable arrangements for the recording and administration of any medicines received into the home. (Regulation 21 (1))	24/01/2014

Recommendations

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

- ensure that each child's short break care plan is monitored to ensure that the objectives within the plan are implemented in the day-to-day care of the child. (NMS 25.2)
- ensure that the short break plan for the child clearly identifies the individuals responsible for pursuing actions at the home arising from reviews, and that these are kept up-to-date (NMS 25.8)
- ensure that the collected feedback from stakeholders is collated within the internal quality monitoring programme (NMS 21)

- ensure children's health is promoted in accordance with their placement plan, in particular that details of any potential deterioration in health, such as seizure activity, is sufficient to enable staff to identify health needs (NMS 6.5)
- ensure that short-break care plans are signed by all relevant parties (Care Planning, Placement and Case Review Statutory Guidance 2010)
- ensure there is a good quality learning and development programme for staff that includes refresher training in child protection; the particular vulnerabilities of children with disabilities, and the range of communication needs of children with disabilities (NMS 18.1)
- ensure the home has a clear Statement of Purpose that indicates the range of placement options available, and shows how the service will meet outcomes for children. (NMS 13.2)

Outcomes for children and young people

Outcomes for young people are **adequate**.

Children and young people with disabilities have recently experienced a changing service, as two short break services have merged into one building. Some are getting used to new buildings, and all children and young people are meeting staff who are new to them. Nevertheless, young people, parents and social workers are positive about the short break service the home provides. Young people say staff help them to be happy whilst they are at the home; they enjoy their time at the home, and look forward to their visits. When able, young people share their experiences with their families once they return home, and appear to appreciate such activities as trips into the community, or art sessions in the home.

During the inspection, young people were keen to talk about when they would see their families again, and discussed with staff their transitions between school, the home and their families. They were interested in the comings and goings of visitors and staff, and demonstrated confidence in their interactions with strangers by drawing familiar staff into their conversations, to better support their communication. This helps young people to develop emotional resilience to manage separation from their main carers. Most parents say that effective communication from staff helps their children to maintain attachments, and this supports the individual aspect of each young person’s identity.

Some young people have placement plans that provide insufficient information to ensure consistent practice to enable their lives to improve. For example, planned developmental skill based programmes of activity, such as becoming independent in dressing, are not evaluated for effectiveness. Key workers do not provide up to date information about the level of independence they have reached, and this hinders young people from progressing to their full potential in a timely way.

Young people receive care from staff who recognise and respond to their major health and care needs. Although their care plans identify key elements of individual

health needs, the information is not sufficiently detailed to ensure they receive consistent care. For example, children who suffer from epilepsy do not benefit from accurate descriptions of their seizure patterns or activity, to ensure all staff recognise and confidently respond to their emergency health needs, although all needs are satisfactorily addressed. Young people benefit from being cared for by experienced staff who are motivated to provide sensitive and respectful health care. This maintains satisfactory outcomes for young people, and meets their basic health care needs.

Young people attend their individual schools during their short break, although the journey for some young people is an hour long. Young people with limited movement find the journey uncomfortable at times, and this leads to them taking pain management medication to enable them to feel comfortable enough to eat or interact with staff. Parents have raised concerns about the discomfort of the journey, and this is subject to review. Some children do not routinely bring their communication support systems back to the home with them. This means they do not progress to their full capacity because staff rely on verbal communication to understand their views and wishes. Due to positive relationships between staff and young people, misunderstanding is rare, but children have limited independent communication because they rely on using behaviour or limited language to attract the attention of staff.

Young people enjoy an environment adapted to their needs, such as wheelchair friendly spaces, and have access to specialist equipment, such as a height adjustable bath. Staff are keen to provide interesting and developmental activities for young people. There is a large and multi-surface play and garden area for young people to enjoy during good weather, and a minibus is available for weekend and school holiday activities. Therefore, young people have opportunity to experience different activities and venture into the wider community, to enhance their understanding of the world.

Young people enjoy good relationships within a diverse social group, and are supported by staff to be tolerant of the needs of others. Young people happily share belongings, and wait patiently when others require the attention of staff. These skills enhance their life chances as young people see themselves as part of a community.

Quality of care

The quality of the care is **adequate**.

Staff support young people to maintain good relationships with each other. They organise the layout of the home to give young people the opportunity to find a quiet place, as well as be sociable. Young people have access to a sensory light room, a playroom and lounge, as well as to personalised and spacious bedrooms. Staff and parents work together with the placing authority, to improve emotional and physical well-being for young people.

Staff are responsive to young people about their everyday decisions such as whether

they want to join an activity, or whether they need attention to personal care. Staff ensure special diets are provided to children who need them, and provide healthy and nutritious food that young people sit together to eat. Children make choices about their choice of pudding and drink, and engage in social interaction with their friends. Staff are highly skilled in creating relationships with children in ways that value their unique qualities and abilities. However, staff are less confident in enabling all children to express their views and wishes for the future, irrespective of how they communicate.

Staff say they have had limited training and contact with speech and language professionals in this important area, and recognise that they offer consultation with young people that does not take account of the views of children who do not communicate verbally. For example, when staff plan young person's meetings, they provide written material consisting of complex sentences with symbols. This supports an understanding of the topic of conversation for some, but because they do not include objects of reference or photographs, it means there are limited opportunities for others with more specialised communication needs to contribute. Therefore, not all young people have been enabled to express their views and opinions about the quality of care in the home. Consequently, the effectiveness of staff intervention strategies are not monitored against principles of equality and diversity.

Due to the introduction of electronic records in the home and the time taken to train staff in its use, coupled with the impact of merging two services, key workers have not maintained up to date care plans for young people. Some parental consent for medical treatment is absent, and some risk assessments are out of date. When young people have audio monitors to ensure their safety at night, keyworkers do not present a review of their use to professional planning meetings. This means that parents and professionals do not regularly oversee risk assessment records, and reconsider their consents for the use of these necessary but invasive measures.

Key workers prepare written placement plans for each young person. However, they do not consistently update information from reviews of the short break, such as when the number of nights a child stays at the home increases. This prevents effective planning to promote the changing needs of children arising from changes in their circumstances. However, the continued interest and efforts of staff to promote the care and welfare of children, means that the quality of care remains good.

Despite training, the minor differences in staff's previously used operational systems mean that arrangements for managing medication are inconsistent. Although children receive the medication they need, records of administration are not standardised. For example, some staff use the trade name for medication, while others use the generic name, rather than the description provided by the pharmacy label. When doses are changed, staff follow information from parents, rather than following the written instruction of the prescribing doctor. In addition, the changes in dose are inaccurately recorded on administration records. Staff sometimes rely on their personal knowledge of children's health needs, and informal handover of information, rather than clearly recorded guidance. This increases the opportunity for error in the administration of medication, and may prevent children from getting the

correct dose of medicine to maintain their health. Detailed observation of the administration of medication demonstrated children are receiving appropriate medication despite the identified shortfalls in recording practices.

Safeguarding children and young people

The service is **good** at keeping children and young people safe and feeling safe.

Children say and show they are safe and happy in the home. Visitors to the home are complimentary about the care and attention staff give to vulnerable young people, to ensure their safety and wellbeing. Relatives say staff keep them very well informed about the welfare of children, and that they have every confidence that staff do their best to ensure their safety. Children and young people participate in open and trusting relationships with staff; demonstrate freedom of movement in the environment, and confidence in the support staff offer to them.

Staff have not received annual refresher training in child protection, particularly in regard to the vulnerabilities of children with disabilities. Staff have received training in the provision of safe personal care, and are confident in their knowledge of what to do should they have any concerns about children or the conduct of their colleagues. Effective systems are in place to record and manage any concerns regarding the welfare of children. Social workers say that staff demonstrate knowledge and understanding of the need to highlight any physical or emotional changes in young people, that may indicate they have suffered harm. Staff use open and transparent communication with parents, schools and the placing authority, to ensure they raise any concern in a timely way. Therefore, despite staff having no recent training to keep their knowledge up to date, children are well protected in the home because of the strongly protective and caring nature of those who care for them.

Staff are competent in redirecting young people, when their behaviour challenges the safety or welfare of themselves or others. Trained and experienced in an accredited behaviour support approach, staff guide and encourage children to adopt less harmful ways to express themselves. This enhances their emotional wellbeing and improves their safety. Staff do not use sanctions, due to the level of understanding of young people, and restraint has been used only once this year, to prevent children coming to harm. In the main, staff focus their efforts on providing positive redirection, by encouraging young people to engage in pleasurable activity, and to foster cooperation between young people. This is evident at mealtimes, when staff encourage children to help each other, and to respond positively to each other's communication and interaction.

The staff team has been created from two experienced and long-term teams previously offering short breaks, and therefore there has been no new recruitment. Staff supervision programmes ensure staff are equipped to care safely for each child in a manner that protects their rights and dignity. Staff know and demonstrate the importance of children becoming independent in their personal care skills. This means children benefit from care that enables them to develop simple and effective

hygiene routines involving the least intrusive level of adult intervention. Managers use observation to assess relationships and interactions between staff and children. This ensures safe caring practice is maintained, and children remain comfortable with staff that support their personal care and development.

Children live in a home that is physically safe and appropriately secure. Staff provide informal but effective supervision of children that promotes their ability to make independent choice, including the opportunity to say 'no,' to the suggestions of staff. This helps children to be self-affirming, and develops their confidence in remaining in control of many of their day-to-day experiences. This improves their self-esteem and understanding of their personal safety, and is an important aspect of helping children with disabilities to stay safe.

Leadership and management

The leadership and management of the children's home are **adequate**.

A recently appointed, experienced and qualified individual has applied to Ofsted to register as manager for the home. They have overseen the creation of a new, but qualified and experienced staff team that provides a service valued by young people, parents and social workers. Managers are working to enhance consultation with parents and young people to elicit their views, to inform development of the home. Social workers say staff are always willing to listen to suggestions, and work hard to improve the service they offer to young people.

The home reviews the quality of care provided to children through regular Regulation 33 visits. The reports refer to inconsistencies in records available in the home, due in part to the introduction of electronic systems for managing the home's records. Furthermore, there have been changes of leadership and service provision that has occurred over the last few months. The manager has not systematically monitored the service, to improve the quality of care provided or to respond to shortfalls identified in Regulation 33 reports. As a result, they have an incomplete picture of the strengths and weaknesses of the home. Additionally, managers have not published actions to address shortfalls identified within a regularly reviewed plan. This limits development of the service in a timely manner, because not all staff know about all areas for improvement.

Managers have a transition plan for the home, created in consultation with families, staff and social workers. A priority within the plan was the safe and effective transfer of children from one service to another. Staff gave the comfort and security of children a high priority, and social workers say that because of the efforts of staff, children experienced a smooth transition and have responded well to the changes. However, the expressed views of parents, such as concerns about the length of journey some children undertake to use the service, have not been addressed within the development plan for the home. Managers have not evaluated the plan for effectiveness in all areas, and have not formally linked improvements to the development of the new service being provided. For example, the Statement of Purpose does not reflect the differing needs of children who are accommodated

under different circumstances from those who attend on short break plans. This prevents all aspects of their plans from being fully known and understood by staff.

The two previous staff teams are working well together for the benefit of children and young people. However, they operate administrative tasks at varying levels. For example, staff undertake key working tasks, such as how often they update information about young people, in different time frames and on different formats. The manager has yet to merge some records from the previous services. For example, staff training records are kept separate, and this prevents clear and detailed accounts of the development needs of staff. Managers work hard, to provide information about changes in procedures and care practice to the whole staff team, and to ensure consistency of information and equal opportunity for staff to contribute to the development of the home. However, staff say that shift patterns currently prevent them from attending all staff meetings, and this limits their appraisal of, and participation in, the development of the service. Because of the commitment of staff to provide high quality childcare, attendance at development meetings is high.

Some administration systems such as records for the management of medication, or the handover of information between shifts, have not been assessed for effectiveness, to ensure all staff are consistent in their use of them. This means that sometimes, staff transfer important information by word of mouth, and it is therefore subject to being lost or altered. This prevents a complete picture of the development needs of the home, and impedes the effective provision of good child care. For example, staff recorded but did not inform others, that some children were regularly arriving without their medication. This meant that staff spent time chasing up the necessary medicine at each point of admission, and children were at risk of parents not being available to provide it in good time.

Although staff keep daily records about the experiences of young people at the home, managers do not organise staff to collect formal information about the impact the service has on the lives of young people. Key workers collate information from daily records of young people's experiences, to present to reviews of placement. However, this information is variable, and does not present a complete picture of how life has improved for young people because of planned interventions.

Managers have begun to address the lack of clarity and consistency in care planning records. They have devised a succinct, instant access, hard copy format that will supplement the electronic records, to ensure all staff know and understand the important elements of individual care plans for children. When complete, this will ensure all children have their needs clearly identified and met during their short break. One recommendation from the last inspection has been met. Staff now have access to centrally kept electronic records, where professionals record the plans and outcomes of children's reviews of those plans. However, as mentioned previously, the second recommendation remains outstanding because staff do not consistently monitor the actions arising from those reviews, or identify how those goals will be supported by the home.

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 main strengths, any areas for improvement, including any breaches of regulation, and any failure to meet national minimum standards. The judgements included in the report are made against the *Inspections of children's homes – framework for inspection* and the evaluation schedule for the inspection of children's homes.