SC035155

Registered provider: Calderdale Council

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is run by a local authority. It provides overnight breaks for up to five children with physical and/or learning disabilities at any one time.

At the time of the inspection, 27 children were having a maximum of 74 overnight breaks per year. On the date of the inspection, two children were staying overnight.

The home is managed by a suitably qualified and experienced manager who registered with Ofsted in July 2013.

Inspection dates: 3 and 4 March 2025

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	good

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

Date of last inspection: 18 March 2024

Overall judgement at last inspection: outstanding

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
18/03/2024	Full	Outstanding
28/02/2023	Full	Outstanding
26/10/2021	Full	Outstanding
17/12/2019	Full	Outstanding

Inspection judgements

Overall experiences and progress of children and young people: good

Staff express genuine affection for the children and know their needs and vulnerabilities well. This helps to ensure children have enjoyable stays filled with interesting and fun activities. Where possible, staff support children to push the boundaries of their experience by seeing and doing new things.

There are positive relationships between staff, children, families and professionals. Working together effectively promotes consistency for the children. Parents feel reassured that their children feel safe and happy in the home.

Some children have complex health needs, so staff follow and implement medical care plans effectively. Additionally, some children have a complex medication regime. Medication errors have happened and sometimes staff have not followed medication policies closely enough. Strategies have not yet been effective in sufficiently reducing the number of medication error incidents.

The child's voice is represented by staff at every opportunity. They act as strong advocates for the children, even when this means taking a stance against others. They strive to act in the children's best interest.

Alongside enjoyable experiences, staff create learning opportunities to help children gain independence skills appropriate to their abilities. Staff are knowledgeable and work patiently at the child's pace. They celebrate strengths rather than identify gaps in children's abilities. This means children are encouraged to reach their potential.

Children's initial and last stays at the home are well planned and managed. Both families and children are supported to adapt to move on from the service. Families are also given a photographic record of their child's time in the home, which they value. Families say they appreciate the personalised relationships that they have developed with staff. One parent said: 'I was initially scared about my child going into respite, but the staff put me at ease. The support is unbelievable!'

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

Children's risks and vulnerabilities are identified and generally recorded well in the children's documents. Team meetings provide an effective forum for discussing any new or re-emerging risks for children. One child's plan had missing information, but this was an isolated example, and managers' actions during the inspection ensured this was rectified.

Children do not go missing from the home and there have been no incidents of bullying. The high level of staff support and effective planning of children's stays promotes compatibility and focuses on children's safety.

When children need to be physically held for their safety, or that of others, staff are appropriately trained. However, the quality of incident recording is variable and staff practice is inconsistent in this area. Some incident records lack evidence that discussions with managers have taken place. Managers had already noted the shortfall and steps have been taken to alert them to incidents sooner.

Managers liaise appropriately with the local authority designated officer if concerns about staff emerge. However, the registered manager has failed to notify the regulator. They have also failed to notify the regulator of the medication errors even when they have been significant, and potentially serious.

The home now has arrangements in place to lock one of the bedrooms if a child's plan identifies this as a need. Staff have been trained to understand when this is necessary and lawful. The manager is also drafting a policy that will give further clarity for staff.

The effectiveness of leaders and managers: good

Leaders and managers show excellent knowledge, enthusiasm and commitment. Their aspirations for children are high, and they advocate regularly and tenaciously. They also understand how to build resilience in families, and offer nurture, working effectively alongside parents.

Managers know the children and routinely provide care to them to ensure they maintain this knowledge. This leads to managers being held in high regard by their team. One member of staff talked about having respect for the managers, and them being 'the best managers'.

A small number of staff are overdue some of their mandatory training. This training was carried out by staff as soon as managers became aware of this during the inspection. Staff feel great sadness that colleagues have left their jobs, and the staff have identified how they would benefit from training around their understanding of bereavement. The staff identify how losing staff has impacted on their team identity, and this has caused some emotional fragility.

The effect of unforeseen staff shortages has been minimised by creative arrangements for staff cover, including managers working directly with children. This has reduced children being cared for by unfamiliar adults, as well as providing an opportunity to boost team morale and observe staff practice. This has been an effective strategy.

Leaders and managers temporarily moved a child into the home on an emergency basis. This demonstrated the quick-thinking and receptive response of the service, and the flexibility of staff. The team was given an award by their employer for their response in this emergency situation.

Managers are held in high regard by other professionals and families. One professional described them as being 'such an intrinsic part of the learning disability community'.

There have been some regulatory shortfalls, but that does not diminish the commitment of staff and the love that children experience while in the home.

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, The 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 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— medicines kept in the home are stored in a secure place so as to prevent any child from having unsupervised access to them; 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. Paragraph (2) does not apply to medicine which— is stored by the child for whom it is provided in such a way that other persons are prevented from using it; and may be safely self-administered by that child. (Regulation 23 (1) (2)(a)(b)(c) (3)(a)(b))	30 April 2025
The registered person must prepare and implement a policy ("the behaviour management policy") which sets out— the measures of control, discipline and restraint which may be used in relation to children in the home. The registered person must ensure that— 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	30 April 2025

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 (1)(b) (3)(b)(i)(ii)(c)) The registered person must ensure that physical intervention records are clear, and that staff have been debriefed by an authorised person to learn from incidents and amend plans accordingly.	
The registered person must notify HMCI and each other relevant person without delay if— there is an allegation of abuse against the home or a person working there; there is any other incident relating to a child which the registered person considers to be serious. (Regulation 40 (4)(c)(e))	30 April 2025

Recommendation

- The registered person should ensure that staff can access appropriate facilities and resources to support their training needs, specifically with regard to safeguarding disabled children and understanding bereavement and loss. ('Guide to the Children's Homes Regulations, including the quality standards', page 53, paragraph 10.11)

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: SC035155

Provision sub-type: Children's home

Registered provider: Calderdale Council

Registered provider address: Princess Buildings, Princess Street, Halifax, West Yorkshire HX1 1TS

Responsible individual: Guy Greenwood

Registered manager: Jane Stanley

Inspector

Rachel Ruth, Social Care Inspector

The Office for Standards in Education, Children's Services and Skills (Ofsted) regulates and inspects to achieve excellence in the care of children and young people, and in education and skills for learners of all ages. It regulates and inspects childcare and children's social care, and inspects the Children and Family Court Advisory and Support Service (Cafcass), schools, colleges, initial teacher training, further education and skills, adult and community learning, and education and training in prisons and other secure establishments. It assesses council children's services, and inspects services for looked after children, safeguarding and child protection.

If you would like a copy of this document in a different format, such as large print or Braille, please telephone 0300 123 1231, or email enquiries@ofsted.gov.uk.

This publication is available at http://reports.ofsted.gov.uk/.

Interested in our work? You can subscribe to our monthly newsletter for more information and updates: http://eepurl.com/iTrDn.

Piccadilly Gate
Store Street
Manchester
M1 2WD

T: 0300 123 1231
Textphone: 0161 618 8524
E: enquiries@ofsted.gov.uk
W: www.gov.uk/ofsted