

Inspection report for Children's Home

Unique reference number	SC035155
Inspection date	20/12/2010
Inspector	Fiona Parker
Type of inspection	Random

Date of last inspection	21/04/2010
--------------------------------	------------

© Crown copyright 2010

Website: www.ofsted.gov.uk

This document may be reproduced in whole or in part for non-commercial educational purposes, provided that the information quoted is reproduced without adaptation and the source and date of publication are stated.

You can obtain copies of The Children Act 2004, Every Child Matters and The National Minimum Standards for Children's Services from: The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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 outcomes for children set out in the Children Act 2004 and the relevant National Minimum Standards for the service.

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 offers a short-breaks service to children who are aged from four-years-old up to 17-years-old. Young people who use the service have learning disabilities and many also have physical disabilities. The home can accommodate up to seven children and/or young people at any one time. Children can take part in a range of activities at the home and spend time with their friends.

Children are able to use the service for several nights each month, usually for one or two nights at a time. Parents are also able to book stays of a week or so for their children. A day-care service is also provided to some children.

The home is purpose built on one level, therefore fully accessible in all areas to wheelchair users. There is a music room with a variety of instruments, a soft play room and sensory room. There is also a communal area used as a lounge and dining room, which is equipped with toys, games and art materials. Young people sleep in individual bedrooms and there are specially equipped bathroom and shower facilities. At the rear of the property, there is an enclosed garden which has adapted play equipment. The home is situated in a quiet residential area and is close to local amenities.

During this visit five children were visiting the service and all were observed with staff members or spoke with the inspector.

Summary

The overall quality rating is satisfactory.

This is an overview of what the inspector found during the inspection.

This visit is an unannounced interim inspection to assess the progress on the actions and recommendations from the key inspection. The majority of the key standards under the staying safe outcome are also inspected.

As a result of this inspection the overall judgement is satisfactory. Children and young people are cared for by a stable and committed staff team who know them very well. As a result children and young people enjoy positive stays. Some improvements to recording information and communicating with parents has taken place to benefit the care of children. Some shortfalls are identified at this inspection which demonstrate improvements are not fully embedded, therefore practice is not fully accountable in all areas.

There are three actions and one recommendation as a result of this visit. These relate to updating risk assessments, accurately recording medication totals and

ensuring safeguarding knowledge is embedded in day-to-day practice. Maintaining a good standard of decoration in the home is a further recommendation.

Improvements since the last inspection

There were two actions and two recommendations as a result of the previous key inspection. The actions related to accurately recording controlled medicines and making safe the taps in children's bedrooms. The two recommendations related to at least 80% of staff achieving the recognised qualification for caring for children. The second recommendation related to improving the standard of decoration in children's bedrooms and communal areas.

A central record is now in place for recording controlled drugs, therefore this action is met. However, some medication totals in the record are not accurate and the mistakes have not been identified in the home's own monitoring processes. This shortfall leads to an action. The taps in children's bedrooms are now safe with the use of rubber stoppers covering the tap stems. This reduces the potential for any injury.

The proportion of staff achieving National Vocational Qualification at level 3 in caring for children and young people has increased since the last inspection. Further staff are undertaking the qualification. Overall this recommendation is met. The manager has made enquiries about redecorating areas of the home with the building owner, this will not be undertaken more frequently in the current lease. The manager is awaiting a decision from a local college who may help with designing and decorating the home as part of a training scheme. This recommendation is not met, therefore a repeat recommendation arises from this inspection.

Helping children to be healthy

The provision is not judged.

Protecting children from harm or neglect and helping them stay safe

The provision is satisfactory.

Children and young people are cared for by a committed staff team who know children's individual needs very well. Care routines are undertaken in line with young people's needs, capabilities and choices. Young people's privacy and dignity is promoted by enabling children and young people to exercise independence where they can, but with staff vigilance and supervision. Staff understand and know individual children which supports tailored care during stays. Personal care routines are explained and carried out sensitively for young people who need this. Staff were observed interacting warmly with children. Information is sensitively handled and files contain restricted areas to further promote confidentiality. Staff are aware of their responsibilities in this area.

The use of sanctions and physical interventions is rare, staff are appropriately trained and use diversion and de-escalation techniques to support children and young people. Appropriate records detail interventions and individual plans outline the agreed strategies for each child and young person. Individual risk assessments outline potential areas requiring action for each young person. These are mainly satisfactory, although they are not always updated in light of new information. Staff respond appropriately and with care if children hurt themselves, however body maps are not always completed as outlined in the home's revised policy. This results in shortfalls in sharing information within the staff team and ensuring working documents are up to date. This potentially compromises the quality of care children receive and does not ensure practice is accountable.

Complaints are infrequent but taken seriously and promptly responded to. The home seeks to improve as a result of complaint outcomes, this is good practice. Children now have accessible complaint forms in picture format which potentially improves the availability of the complaint process. Overall the manager has strengthened practices in the home and introduced a number of improvements such as the quality of communication with parents and maintaining records. Staff and parents communicate to exchange information on children's well-being and inform of any injuries or marks children may have. However, not all staff have adequate knowledge and understanding of safeguarding processes in their day-to-day practice. This relates to understanding there may be both informal and formal responses which may need to be considered in response to noting any injuries.

Regular checks and risk assessments are in place to maintain safe equipment and a safe environment for children and young people. Staff are diligent about any potential risk and take appropriate action to protect young people and minimise injury. Monthly health and safety checks take place to check fire equipment. Personal evacuation plans outline the support for each young person to safely evacuate the building. Fire drills take place in line with the standard. Staff regularly practise a plan for night-time evacuations to ensure safe evacuations, at all times.

Visitors to the home are checked and sign a visitor's book to record the reason for their visit. Children are usually collected by parents. To cover all possibilities the home has a system with parents, to identify people who may collect children but not be known to staff. This ensures children only leave with agreed adults. No significant recruitment has taken place, recruitment records were not assessed as part of this visit.

Helping children achieve well and enjoy what they do

The provision is not judged.

Helping children make a positive contribution

The provision is not judged.

Achieving economic wellbeing

The provision is not judged.

Organisation

The organisation is not judged.

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/s meets the Care Standards Act 2000, Children's Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

Std.	Action	Due date
13	make suitable arrangements for the recording, handling, safekeeping and administration of medicines. In particular, accurate records are kept of controlled medication totals (Regulation 21 (1))	28/01/2011
26	unnecessary risks to the health and safety of children accommodated in the home are identified and so far as possible eliminated. In particular, risk assessments are updated in response to new information and potential risks (Regulation 23 (c))	28/01/2011
17	prepare and implement a written policy which is intended to safeguard children. In particular, the policy for using body maps is followed, and staff can recognise and apply safeguarding policies and training in day-to-day practice. (Regulation 16 (1) (a))	28/01/2011

Recommendations

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

- ensure that children's bedrooms and communal areas are decorated to a good standard. (NMS 24.2)