# Children's homes inspection – Full

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| **Inspection date** | **13/12/2016** |
| **Unique reference number** | **SC035339** |
| **Type of inspection** | **Full** |
| **Provision subtype** | **Children's home** |
| **Registered manager** | **Post vacant** |
| **Responsible individual** | **Jill Beaumont** |
| **Inspector** | **Sharon Lloyd** |

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| **Inspection date** | **13/12/2016** |
| **Previous inspection judgement** | **Declined in effectiveness** |
| **Enforcement action since last inspection** | **None** |
| **This inspection** | |
| **The overall experiences and progress of children and young people living in the home are** | **Good** |
| The children's home provides effective services that meet the requirements for good. | |
| **How well children and young people are helped and protected** | **Requires improvement** |
| **The impact and effectiveness of leaders and managers** | **Requires improvement** |

# SC035339

## Summary of findings

### The children's home provision is good because:

- Safeguarding children is central to the home's practice and ethos. The home works extremely well to protect children at risk of harm through going missing.
- Children feel safe and staff do their best to help them stay safe. Most are safer than they were before their admission.
- Clear and consistent boundaries contribute to children's sense of security and belonging. Most report that they feel comfortable and relaxed in the home.
- Children learn to build trusted and secure relationships with staff, and benefit from their nurturing, supportive and friendly approach. Children say they are listened to.
- Children receive and benefit from care that meets their individual needs. Most make good progress, and those that do not thrive in the home are assisted to move on to more suitable placements. Transitions are well managed. Contact is well supported.
- Partnership working is a key strength. This helps children to access the services they need and promotes a good, multiagency approach to safeguarding children.
- The deputy manager took over as manager in April 2016 and has applied to Ofsted to be the registered manager. This has enabled continuity of care and practice through a period of upheaval in the staff team.
- The leadership and management of the home require improvement. Requirements made following the interim inspection in March 2016 have not been fully addressed. Consequently, children's liberty continues to be restricted without being recorded as a restraint and without proper risk assessment.
- Decisions to admit children do not always take account of the manager's recommendations about the suitability of the home for a particular child and are not based on information in impact risk assessments. This has led to some children being inappropriately placed at the home, and has jeopardised their safety and welfare as well as those of other children.
- There are shortfalls in the monitoring of records and the operation of the home. Children's access to wi-fi is sometimes restricted as a sanction but is not recorded as such. This has an impact on all children unnecessarily and prevents them from using social media to contact friends, family and emergency support services, should they wish to. Restraint records lack detail.

## What does the children's home need to do to improve?

### 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 (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 ensure that that no measure of control or discipline which is excessive, unreasonable or contrary to paragraph (2) is used in relation to any child. This relates to the provision of internet access for children as a measure of control.<br>(2) The following measures may not be used to discipline any child:<br>(c) any restriction, other than one imposed by a court or in accordance with regulation 22 (contact and access to communications), on:<br>(iv) a child's access to any internet-based or telephone helpline providing counselling for children;<br>(j) any measure involving punishing a group of children for the behaviour of an individual child.<br>(3) Nothing in this regulation prohibits:<br>(a) the taking of any action by, or in accordance with the instructions of, a registered medical practitioner or a registered dental practitioner which is necessary to protect the health of the child; or<br>(b) taking any action that is necessary to prevent injury to any person or serious damage to property. (Regulation 19(1), (2), (3)) | 12/02/2017 |
| The registered person must ensure that:<br>(1) restraint in relation to a child is only permitted for the purpose of preventing:<br>(a) injury to any person (including the child);<br>(b) serious damage to the property of any person (including the child);<br>(2) restraint in relation to a child is necessary and proportionate.<br>(3) These regulations do not prevent a child from being deprived of liberty where that deprivation is authorised in accordance with a court order.<br>In particular, ensure that any action that restricts a child's liberty of movement and prevents them from leaving the premises is recorded as a restraint and is implemented in line with | 12/02/2017 |

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| regulations. (Regulation 20(1), (2)) | |
| The registered person must ensure that:<br>(b) children can access all appropriate areas of the children's home's premises; and<br>(c) any limitation placed on a child's privacy or access to any area of the home's premises:<br>(i) is intended to safeguard each child accommodated in the home;<br>(ii) is necessary and proportionate;<br>(iii) is kept under review and, if necessary, revised; and<br>(iv) allows children as much freedom as is possible when balanced against the need to protect them and keep them safe. (Regulation 21) | 12/02/2017 |
| The registered person must ensure that:<br>(a) 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:<br>(i) the name of the child;<br>(ii) details of the child's behaviour leading to the use of the measure;<br>(iii) the date, time and location of the use of the measure;<br>(iv) a description of the measure and its duration;<br>(v) details of any methods used or steps taken to avoid the need to use the measure;<br>(vi) the name of the person who used the measure ('the user'), and of any other person present when the measure was used;<br>(vii) the effectiveness and any consequences of the use of the measure; and<br>(viii) a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure;<br>(b) 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'):<br>(i) has spoken to the user about the measure; and<br>(ii) has signed the record to confirm it is accurate; and<br>(c) within five 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.<br>(4) Paragraph (3) does not apply in relation to restraint that is planned or provided for as a matter of routine in the child's EHC plan or statement of special educational needs. (Regulation 35 (3)(4)) | 12/02/2017 |

**Recommendation**

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

- Ensure that the registered person only accepts placements for children where they are satisfied that the home can respond effectively to the child's assessed needs as recorded in the child's relevant plans and where full consideration has been given to the impact that the placement will have on the existing group of children. In particular, do not admit a child to the home where the impact risk assessment indicates that the placement of the child is likely to have a negative impact on children already in placement or the child's needs cannot be met. ('Guide to the children's homes regulations including the quality standards', page 56, paragraph 11.4)

## Full report

## Information about this children's home

This children's home is owned and managed by a local authority. The home can accommodate seven children who may have emotional and/or behavioural difficulties.

One of the seven places is in an adjoining annexe and is available to young people who live semi-independently, preparing to leave care. One placement may be given to a child from a neighbouring local authority.

## Recent inspection history

| Inspection date | Inspection type | Inspection judgement |
|---|---|---|
| 16/03/2016 | Interim | Declined in effectiveness |
| 10/11/2015 | Full | Outstanding |
| 11/02/2015 | Interim | Sustained effectiveness |
| 30/09/2014 | Full | Outstanding |

## Inspection judgements

| | Judgement grade |
|---|---|
| **The overall experiences and progress of children and young people living in the home are** | **Good** |

Children receive good quality care in accordance with their individual care plans and most make good, steady progress in their development. They benefit from being in a stable, secure setting, looked after by a positive, committed staff team which has high aspirations for them. Over time, most children become more relaxed and settled. This enables them to re-engage with education, learn independence skills and, in most cases, reduce their unsafe behaviour. A social worker said: 'They persevere with children and build good relationships. My young person is doing really well.'

Transitions are well managed, whenever possible. When children move in an emergency, staff do their utmost to help children feel supported and cared for at a time of crisis. Children feel welcome and say they are well cared for. They are provided with a copy of the children's guide to the home and say that they know all the rules, acknowledging that the home's boundaries help them to stay safe.

Over time, children build trusting and secure relationships with staff and benefit from the staff team's nurturing, supportive and friendly approach. Children have plenty of opportunities to share their wishes, feelings and views and they report that staff listen to them and, most of the time, take action to address any concerns they raise. Most children say that they have a trusted adult they can approach when they have worries or serious matters to discuss. One explained: 'I hated it here at first but now it's like my own family. I get along with everyone. We all protect each other and look out for each other. I know I do stupid things and I need to sort my head out. Staff listen to us and support us.' Another said: 'Staff give me good advice but I don't always listen.'

Children and staff hold regular group meetings over a take-away meal, and this enables children to contribute their views and influence day-to-day practice within the home. Their views and those of their parents and social workers are canvassed regularly and inform the development of the home. Feedback is, for the most part, very positive.

Some children have been involved in the recruitment of new care staff, designing questions and, in one case, interviewing for new staff. This demonstrates how the home values children's input and involves them in important decision-making.

Children are well supported to maintain and rebuild relationships with family and friends, when appropriate. This helps them to maintain a sense of belonging as they approach adulthood. Staff advise and guide children who have concerning

relationships with peers or partners in the community, supporting them to make safe choices. They provide a supportive emotional safety net, and help children to develop resilience and self-esteem that reduces the likelihood of them being subject to domestic abuse.

The home works well with education providers and others to provide children with good opportunities for educational success. Staff contribute to education reviews and personal education planning and support children to have additional tuition, which improves their educational outcomes. Staff encourage and assist children who are not in school to re-engage with education, and most have successfully done so.

Staff support children to attend health appointments and engage with physical, mental and emotional health practitioners, in accordance with their individual needs. This helps to ensure that children have access to and, in most cases, receive the health services they need. Some children remain wary of professionals and are reluctant to engage, but staff continue to provide encouragement and appropriate support.

Five of the six children smoke regularly and some children misuse alcohol and drugs. These are behaviours that the children had prior to their admission to the home.

The home gives children good health advice and arranges for them to receive support services from drug and alcohol counsellors, sexual health clinics and other specialist health services, in accordance with their individual needs. Staff are trained to recognise when a child is under the influence of alcohol or substances and to assess whether medical assistance is required. This helps to protect children's health and safety. Staff visit local shops and advise them not to serve children with alcohol and cigarettes. However, despite the home's pro-active interventions, children's progress in reducing these dangerous behaviours is variable.

The home provides an inviting, homely environment where children feel comfortable and relaxed. Extensive damage has been caused by a few children displaying aggressive behaviour, but the home ensures that it is quickly repaired so that children continue to live in pleasant surroundings.

Since the last inspection, a small number of children have been admitted to the home either in an emergency or when the provider has not heeded the manager's concerns that the home cannot meet a child's needs. Their progress at the home has not been good, and the home has worked with partner agencies to enable those children to move to more suitable, smaller children's homes. One young person's good progress has deteriorated under the influence of a child whose placement at the home is considered by the manager and partner agencies to be inappropriate. A safeguarding professional explained:

The child is a strong influence and her impact is massive. The young person would not be going missing and stealing if not for her. The peer pressure is too much. Before that, the home had done brilliantly with her. She had returned to education, was more settled and has taken on the information about grooming and sexual exploitation.

The manager and staff are working extremely hard, along with other professionals, to re-engage the young person, to reduce the negative influences on her and to help her to build resilience.

| | Judgement grade |
|---|---|
| **How well children and young people are helped and protected** | **Requires improvement** |

Individual risk assessments identify risks to a child's safety based on their known unsafe behaviour. They provide staff with guidance on how to mitigate the risks. The risks to individual children's safety that necessitate the locking of internal doors at night have not been assessed.

Access to wi-fi is sometimes withdrawn as a blanket measure of control when one or more children have not engaged in education. This is not recognised or recorded as a sanction, because the manager and staff regard wi-fi access as a 'privilege'. Withdrawing wi-fi is an inappropriate measure of control, as it involves punishing the group of children and not just an individual child who has failed to adhere to agreed targets. It prevents some children from having contact with family and friends via social media, where no restrictions on such contact are in place. It also prevents children from accessing internet-based counselling or helplines.

Some institutional practices undermine the otherwise good quality care. For example, communal rooms are fitted with locks and some are locked at 10.30pm, thus restricting children and young people's access to the lounge, kitchen and telephone late at night. The small children's lounge is also kept locked during the day, or else propped open, even though it is a fire door. A requirement made at the last inspection in relation to restricting children's liberty by locking doors has not been met.

The fire door at the top of the stairs is locked at 11pm when staff retire for the night. The manager explained this as a safety precaution to deter children from accessing the kitchen without supervision or leaving the premises during the night. One child said: 'The rules are fair but some are dodgy, like locking all the doors and locking us in upstairs', and another said: 'I don't like being locked in and I don't understand why they need to lock every single door in the house, like the door upstairs and the one to the kitchen.'

This restriction of liberty is used as a behaviour management tool, as waking night staff are not provided. Children who wish to go downstairs must awaken the staff to unlock the door, or else set off the house or smoke alarm, which releases the door locks. Children sometimes choose the latter and a recent incident has resulted in damage to the fire door when children have expressed frustration at it being locked.

Impact risk assessments are completed before children have planned admissions and the manager makes recommendations as to the suitability of the placement. When the manager recommends that the home cannot meet a child's needs, either because of the specific needs of the child or of the likely impact of the child on others already in placement, the decision to admit the child is taken by the provider. The reasons for disregarding the manager's recommendations are not specified. As a partner professional explained: 'The impact risk assessments seem to be ignored by the local authority and children are placed irrespective of the child's needs.' This has led to children being placed inappropriately in the home and, in at least one case, this has significantly jeopardised the safety and well-being of children. In particular, one young person, who had previously made extremely good progress at the home has been negatively influenced by another child, becoming engaged in unsafe behaviour and criminality, and has been suspended from school. Similarly, the child who has been inappropriately placed continues to engage in behaviour that risks her safety and welfare, despite protective action taken by the home and other professionals. A partner professional said:

> The home has bent over backwards to support her and has been very fair. They have explained what they can and cannot do to help regulate her behaviour. She is difficult to work with but they are available to her and very supportive.

Children say that they feel safe in the home, that there is no bullying and that staff treat them kindly. One said: 'I feel safe here – much safer than at home. They always make sure we are OK and after we've been missing we have a visit from the police and someone else to make sure we are safe and well.'

Children who display self-injurious behaviour become safer as they settle in the home, feel secure and reduce this behaviour. Most of those who display high levels of aggression when they are first admitted reduce this behaviour over time and make significant improvements in the way they interact with each other and the staff team. The home works effectively with the local police who assist as required with behaviour management. To a large extent, this helps to prevent children from being arrested for causing criminal damage. Staff display resilience and maintain a positive attitude to children, encouraging and accepting apologies in the face of serious assaults. This helps children to feel accepted and most learn to trust staff over time. A small number of children have been arrested for assault and criminal

damage in the home and other offences. The staff team support them well through the youth justice system.

Staff are ever alert to signs of grooming and sexual exploitation. The home shares any concerns with the appropriate authorities, so that a multi-agency approach is agreed and children receive the support that they need from specialist professionals. The manager is proactive in sharing and pooling information about other children at risk in the local authority and this helps safeguarding agencies to have a good overview of the risks to children and young people in the locality. It enables those responsible for children to work together to ensure that children's safety needs are, as far as possible, identified and prioritised. A professional explained: 'This home is the best one we work with in terms of communication… They go the extra mile to keep children safe.'

In the 13 months since the last full inspection, there have been 166 incidents of children being reported missing from care. Most of these relate to six children, four of whom currently live at the home. About one child, a safeguarding professional said:

> The psychologist's report recommended she be moved out of area but the local authority did not act on it. We and the home have raised concerns about her placement and they are now looking for somewhere else. She is missing more now than ever before.

The home is proactive in trying to maintain phone contact with children who are missing and staff routinely search for children in areas they are known to frequent and contact their family and friends in an attempt to ascertain their whereabouts. They encourage children to return and make them welcome on their return, offering them the opportunity to talk to staff about where they have been and why they went missing.

In addition, children routinely have independent return interviews with a youth justice worker, who reports her discussions with children to placing social workers and the home. There are no concerns about the home and there is no evidence that children are running away from the home because they are unhappy or unsafe there. Instead, it is evident that children are being drawn into dangerous behaviour by associating with unsuitable people. A safeguarding professional said: 'The home works with us really well. Communication with us and the police is really good – daily sometimes, and we have weekly multi-agency meetings.'

Several children have regular visits from specialist workers with a focus on children's safety, supporting and educating those who are at risk of sexual exploitation, drug and alcohol misuse and domestic violence. The home facilitates these visits and encourages children to participate.

| | Judgement grade |
|---|---|
| **The impact and effectiveness of leaders and managers** | **Requires improvement** |

The registered manager left in April 2016 and the deputy manager acted up and has recently been confirmed in post. She has submitted a timely application to Ofsted for registration and is awaiting a fit-person interview. The manager is an experienced social care practitioner and is suitably qualified.

There has been a high turnover of staff since the last full inspection, due to a reorganisation of the children's residential services. There are seven new staff at the home. All are experienced and suitably qualified and many have transferred from the provider's other homes, some of which have now closed. The new team is starting to gel, with good supervision and support from the manager and deputy manager.

There is more to be done to build a strong team and there are some inconsistencies in practice. For example, children report that there are discrepancies in the way staff care for them, particularly around their understanding of children's bedtime routines, and that this causes unnecessary aggravation and conflict between children and staff. Similarly, children report that staff are not consistent in the way that they implement behaviour management strategies such as access to wi-fi.

The home operates in accordance with its statement of purpose. For the most part, the manager has a good understanding of the strengths and weaknesses of the home and she takes action continually to review and improve the care given. However, she has not recognised how the institutional practice of locking internal doors restricts children's rights and freedom of movement.

The manager's monitoring of records is not yet good. For example, restraint records are not kept in accordance with the relevant regulation, nor with guidance produced by the Department for Education. Information is scant and does not give a good overview of why a restraint was required or how it was managed. It does not demonstrate that the manager and staff have reflected on the incident in a timely way, nor does it include comments from the child who has been restrained. When children's movement around the home has been restricted, this is not recorded as a measure of control. This impedes both the manager's and the inspector's ability to review restraint practice effectively, particularly when restraints relate to children who have left the home and the incident record is not easily available.

The manager appropriately and consistently advocates for children, and partnership working is a key strength of the home. Professionals report that the home

communicates with them very well, ensuring that those who have responsibilities to children have up-to-date, relevant information about their progress and changing needs. Strong multi-agency team work helps to ensure that children receive the support they need across all aspects of their development. For example, the manager proactively works with education providers to ensure that children get the most from their education. Safeguarding and social care professionals speak very highly of the commitment that the manager and staff demonstrate and their positive influence on children's lives.

The manager actively challenges partner agencies who are not fully meeting their obligations to children and, when necessary, the manager escalates her concerns to senior managers within the local authority. For example, the manager repeatedly raises concerns when a child is inappropriately placed in the home and the placement has a negative impact on the child and on other children living in the home. Although she advocates for a speedy placement move, she also recognises the importance of maintaining stability for the child while an appropriate specialist provision is selected. Consequently, some children remain in the home for longer than necessary, even when it is clear that, despite the home's best efforts, it cannot meet a child's complex emotional, behavioural and safety needs.

Mandatory training is ongoing and staff benefit from appropriate training which helps them to deliver the aims of the statement of purpose and to meet the specific needs of individual children. For example, staff have received specialist training in relation to caring for children who misuse drugs including cannabis and new psychoactive substances as well as training in how to support children who self-harm. Some have received training in recognising when children are being drawn into extremism and preventing this. Plans are in place for staff to receive training on supporting teenagers at risk of domestic abuse. This helps to ensure that staff have the skills to support the children who live at the home.

## What the inspection judgements mean

The experiences and progress of children and young people are at the centre of the inspection. Inspectors will use their professional judgement to determine the weight and significance of their findings in this respect. The judgements included in the report are made against 'Inspection of children's homes: framework for inspection'.

An **outstanding** children's home provides highly effective services that contribute to significantly improved outcomes for children and young people who need help and protection and care. Their progress exceeds expectations and is sustained over time.

A **good** children's home provides effective services that help, protect and care for children and young people and have their welfare safeguarded and promoted.

In a children's home that **requires improvement**, there are no widespread or serious failures that create or leave children being harmed or at risk of harm. The welfare of children looked after is safeguarded and promoted. Minimum requirements are in place. However, the children's home is not yet delivering good protection, help and care for children and young people.

A children's home that is **inadequate** is providing services where there are widespread or serious failures that create or leave children and young people being harmed or at risk of harm or that result in children looked after not having their welfare safeguarded and promoted.

## Information about this inspection

Inspectors have looked closely at the experiences and progress of children and young people living in the children's home. Inspectors considered the quality of work and the difference that adults make to the lives of children and young people. They read case files, watched how professional staff work with children, young people and each other and discussed the effectiveness of help and care given to children and young people. Wherever possible, they talked to children, young people and their families. In addition the inspectors have tried to understand what the children's home knows about how well it is performing, how well it is doing and what difference it is making for the children and young people whom it is trying to help, protect and look after.

This 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 Children's Homes (England) Regulations 2015 and the 'Guide to the children's homes regulations including the quality standards'.

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