SC035518

Registered provider: Sea Shell Trust Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is registered to provide care and accommodation for 28 children with emotional and/or behavioural difficulties, learning disabilities and/or physical disabilities. The home consists of seven houses, with occupancy of no more than four children in each house. It is owned and run by a charitable organisation which has a school, college and adult residential accommodation on the same site.

Inspection dates: 21 to 22 November 2017

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	requires improvement to be good

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

Date of last inspection: 24 March 2017

Overall judgement at last inspection: improved effectiveness

Enforcement action since last inspection:

None

Key findings from this inspection

This children's home is good because:

- Children make positive, steady and sustained progress from their starting points as a result of the care provided by supportive and committed staff. Parents and professionals recognise the positive impact of practice on children's development and growing independence.
- Staff work in partnership with education and healthcare professionals so that children are able to make good progress in all areas of their lives. Staff work together to reduce any barriers to learning.
- Children are observed to enjoy trusting and secure relationships with staff, who respond with warmth and genuinely positive regard, despite any challenges that children might present.
- An experienced safeguarding team ensures that concerns about children's welfare are swiftly and thoroughly addressed. This includes challenging the work of external professionals to ensure that children's needs are prioritised.
- Children are safe within the home due to the support provided by staff who use knowledgeable and proactive safeguarding practice.
- Children's complex health needs are proactively supported. The home works with other professionals, including medical specialists, to ensure that children's needs are met and that they are able to access aids to support increased mobility and comfort.
- Managers work hard to assess whether new staff are safe to work with children, and have the qualities to provide warm and effective care to children.
- Shortfalls found in this inspection have not had a direct impact on children's welfare. Plans are in place to address areas for development.

The children's home's areas for development:

- Managers recognise that they need to improve staff skills in supporting diverse communication needs to encourage all children to express themselves fully.
- Care plans, particularly for children who have complex health needs, do not clearly demonstrate their progress. This relates to children who have visual night monitors and who are given medicine covertly.
- Staff supervision is irregular and based on day-to-day tasks. It is not of sufficient quality to evaluate practice effectively.
- Significant staff turnover has created some delay in the progress children make, because staff are not always familiar with children's needs. Managers have not

fully assessed the impact of these changes on the quality of care being provided.

- Uncertainty about the future of the short-breaks service has affected staff morale. A full internal review of the short-breaks service is under way.
- Six requirements arising from this inspection relate to leadership and management of the home. Shortfalls have not affected children's safety and welfare.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
24/03/2017	Interim	Improved effectiveness
27/09/2016	Full	Good
28/01/2016	Interim	Sustained effectiveness
29/09/2015	Full	Good

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, 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
Leaders and managers must ensure that the home's workforce provides continuity of care to each child. (Regulation13 (2) (e)) In particular, that all staff understand and use children's individual communication systems.	09/02/2018
Leaders and managers must ensure they understand the impact that the quality of care provided in the home is having on the progress and experiences of each child and use this understanding to inform the development of the quality of care provided in the home. (Regulation 13 (2) (f)) In particular, the registered manager must ensure that workforce development plans are based on an analysis of the quality of care being provided by new staff, and the views and concerns of long-standing staff.	09/02/2018
The registered person may only employ an individual to work at the children's home if the individual has the appropriate experience, qualification and skills for the work that the individual is to perform. (Regulation 32 (2) (b)) In particular, that staff development needs are identified and met.	09/02/2018
The registered person must ensure that all employees receive practice-related supervision by a person with appropriate experience. (Regulation 33(4) (b))	09/02/2018
The registered person must ensure that a record is made of any complaint, the action taken in response, and the outcome of any investigation. (Regulation 39 (3)). In particular, that the records include any concerns raised about children's healthcare.	09/02/2018
The registered person must notify HMCI and each other relevant person without delay if there is any other incident relating to a child which the registered person considers to be serious. (Regulation 40 (4) (e)). In particular, that notifications include any concern raised about the quality of healthcare provided to children.	09/02/2018

Recommendations

- Managers must ensure that staff support children to have fun and have opportunities to develop their skills and interests, by supporting them to try activities that are new for them. Staff should offer children a wide range of activities both inside and outside of the home. ('Guide to the children's homes regulations including the quality standards', page 31, paragraphs 6.4 and 6.5)

- Staff should encourage children to take a proactive role in looking after their own day-to-day health and well-being. In particular, staff must identify ways to reduce the need for covert medication or the use of visual monitoring. ('Guide to the children's homes regulations including the quality standards', page 34, paragraph 7.1)

- Staff should continually and actively assess the risks to each child and the arrangements in place to protect them. In particular, that children's care plans reflect changes to the way staff manage their unsafe behaviour. ('Guide to the children's homes regulations including the quality standards', page 42, paragraph 9.5)

- The registered manager must review records of restraint to respond promptly when any issues or trends of concern emerge. The review should provide the opportunity for amending practice to ensure it meets the needs of each child. In particular, that staff competently use the approved behaviour support approach. ('Guide to the children's homes regulations including the quality standards', page 49, paragraph 9.59)

Inspection judgements

Overall experiences and progress of children and young people: good

Children enjoy the experiences and opportunities provided by caring and enthusiastic staff. Since the last inspection there has been significant staff turnover. One parent said, '[child] has to build up trust. When staff he likes leave, they make sure they transition him well to new staff, they bridge the changes.' The care team is now fully staffed, and children's needs have continued to be met at a suitable level. Because of significant staff effort and dedicated support, children demonstrate their increased ability to take part in everyday life, attend school and medical appointments, and spend time with their families and friends.

Children appear relaxed and confident in their houses. Spacious kitchens, lounges and bedrooms match the occupants' communication and environmental needs, and their individual tastes. Staff focus on children's individual needs and respond to them with kindness and sensitivity. Children with varying sensory needs, such as hearing and sight limitations or autistic spectrum disorder, easily find their way around the home and gardens. They show trust in those who care for them to keep them safe and help them

to be happy.

Children are making good progress against their individual starting points. Several parents said that their child has improved their ability to be independent in personal care, enhancing their safety and appearance. When children need help, staff create clear routines and strategies. This means that children receive consistent care that nurtures their skills and independence. For example, one child has progressed to choosing his clothes from a number set out for him by staff. His next steps will support him to choose from his wardrobe. This allows him to learn about how to express his character through what he wears. Staff are teaching him about what clothes are suitable for what season or situation, so that he dresses appropriately. Staff adopt clear direction to help children to understand important social behaviour, such as exploring their sexuality in private. However, health and sexual education are left to the school curriculum. This restricts the support that home staff provide to individual children which would help them to develop their understanding further.

Key workers maintain placement plans that set out children's achievements and future goals. These are completed in consultation with appropriate family members and professionals. Children contribute to these plans by daily participation and the choices they make. Staff reliably represent children's views. They do this by presenting a clear picture of their behaviour, choices and reactions in carefully written monthly progress reports. Children's individual progress is monitored through regular 'focus groups'. These are multi-disciplinary meetings held between education, health and care staff. This supports regular information exchanges with external professionals, such as social workers, medical professionals and advocates. It ensures that each aspect of children's lives is reviewed

Staff are mindful that children sometimes have a difficult day. They modify plans to help children to feel more settled. Inspectors saw staff offer children activity choices, time to themselves or a short walk. This helped children to become calmer and more able to cope with settling-in after they returned from school. In turn, this helped them to get ready to take part in community, social or sports activities during the evening. A minority of children limit their activity to repeating safe routines, such as undertaking recycling tasks or bouncing on the trampoline. Key workers create clear strategies to help staff to interrupt and divert children's attention, but these are not consistently evaluated for effectiveness. New staff in the short-breaks homes are gaining in confidence to guide children to explore new experiences, although this is not consistently in place. This means that opportunities to increase their play and social development are not as frequent as they could be.

Staff take great care to help children to move into and out of the home. During the inspection, one child in the introductory stages of his placement had begun to live in the home. His family had been able to support him in his new surroundings. They stayed in on-site family accommodation, and spent time with him in his new home. This helped staff to get to see how his family managed his unique and complex needs. It ensured that care plans were familiar to him in a time of great change. It helped staff to understand his moods and temperament. Staff were able to add context and detail to his

assessment of need. They provided him with consistent care and support. He was relaxed and able to have fun enjoying his favourite activities, such as water play. This child-centred approach is typical of the home. Parents say, 'Care staff do everything in their power to make my child happy.'

All parents say that they are always told about the things that matter most to them and their children. This includes celebrations of simple achievements, such as when their child eats a new food, to any mishaps or ill-health their child may suffer. When families experience bereavement, staff help children to understand their loss. Simple ceremonies such as planting a tree give children a focus for remembrance. Staff build bridges between parent and child by supporting contact. They take children to their home area to spend time with their family. They welcome parents into the home to spend time with their child. This helps children to sustain regular and positive contact with their families. It prevents the isolation that many disabled children experience when placed away from their families.

Staff want children to have fun, and to exercise control over their daily lives and relationships. Staff observe and record the small details that are meaningful to them, such as the kind of food children like, and what they can and can't yet do independently. Staff offer practical strategies, such as 'now and next boards', or objects of reference to help them to independently communicate their wishes. There are many new staff who do not understand how to help children use their individual communication systems. Children have their needs met because all staff concentrate on interpreting children's behaviour, but their progress has been slowed while staff learn to support them more effectively.

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

Children are safe and feel secure because staff help and protect them. Although staff turnover has been high, experienced staff have ensured that they model and support safe care practice. One parent said, 'I really trust staff, on the rock-face his key worker has a really good relationship with him. As far as possible, the house manager uses staff who know him well. There have been some issues because of his behaviour, but they have been dealt with quickly.'

Staff are trained in a positive and accredited approach to understanding and supporting children's behaviour. A dedicated team, that includes a behaviour champion from the residential staff, oversees records of incidents and supports staff development. This approach ensures that staff use only the minimum physical intervention necessary to support the safety and welfare of all. The majority of incidents are managed by successful environmental changes and positive redirection. This improves children's safety and reduces their anxiety. House managers oversee the electronic recording system. They identify actions that staff need to take to improve children's future safety. Sometimes they do not follow up to ensure that these actions have been completed. This means that not all behaviour and risk support plans capture recent changes in approach. This has not affected children's safety because staff rely on word of mouth and daily handover information to work consistently.

Care plans show that staff work with families to share their approaches to behaviour support. This is particularly valuable when parents experience severe physical challenge in their relationships with their child. Through positive change, and regular multi-professional review, important family relationships are nurtured. This improves the safety and welfare of children because they have regular contact with those outside of the home who can advocate for them.

Children were happy to spend time with inspectors. Observations confirmed that staff are adept at judging when to intervene in children's daily frustrations and dilemmas. This enabled children to have control over their choices while staying safe. Staff use encouragement and smiles to redirect children or to challenge poor choices. For example, inspectors saw staff persevere to overcome a child's resistance to eating his tea. They carefully balanced acknowledging his right to choose with encouragement to eat enough to stay healthy. This helped him to stay calm and happy. Their approach respected his individuality while ensuring appropriate levels of safe care.

Staff competently use their knowledge of how to protect disabled children. They recognise the importance of change in their demeanour and physical condition, emotional state and communication as potential indicators of harm. Staff share their observations and knowledge about children's individual needs very well. Staff and managers challenge each other and outside agencies in order to promote children's safety and well-being. They refer child protection concerns when necessary and escalate their concerns if placing authorities are slow to respond. This helps children to be safe when they are at risk from individuals in the community.

All internal complaints and concerns are investigated and appropriate actions are taken to prevent harm. However, the home has failed to notify Ofsted on two occasions of serious incidents affecting children, and on one occasion did not provide feedback to a parent about their findings. This limits independent oversight of any investigation, but has not affected children's safety.

Appropriate levels of staff supervision, a sense of belonging, and a responsibly secure environment protect children from going missing. Staff are aware of what they should do in such an event, and risk management plans provide a clear assessment of the level of vulnerability children would be exposed to and what to do to minimise that risk. Risk assessments support children to access activities in the community safely. Risks in using vehicles are clearly identified and minimised so that children can participate in experiences outside of the home. This helps them to develop an understanding of social situations, busy roads and shops, and how to keep themselves safe. When possible, they practise these skills within the safe environment of the home's spacious grounds. For example, children make their independent way back from school to the home, with staff carefully shadowing them to make sure that they come to no harm. This enhances their ability to make safe and independent choices.

Staff gain parental consent to use additional safety tools, such as video and audio monitoring or modified medication programmes for children who are given medicine

covertly. Staff manage these tools with appropriate care and respect so that they can respond to emerging health and safety needs in good time. However, these approaches are not routinely reviewed to ensure that the measure is proportionate to individual needs, protects their privacy and provides them with sufficient knowledge to make independent choices.

There has been high staff turnover since the last inspection. However, safer recruitment practice is strong. Staff are carefully selected for their caring personalities as well as suitability to the role. The team is now at full capacity. Managers have also built up a bank of the organisation's education staff who can step in to support staffing gaps. This has reduced the use of agency staff to a minority of shifts, and ensures that children receive care from those who know them and the safety systems that protect them. Many children need healthcare throughout the night. A night manager oversees the supervision of night staff, to ensure that their training needs are identified and met and that children receive high-quality care and protection.

The effectiveness of leaders and managers: requires improvement to be good

The registered manager is serving notice. Through effective succession planning, a new manager has been appointed and will benefit from a management handover. This will ensure that important information about the running of the home and the care of children will be captured as part of these arrangements, in order to promote consistency.

The home consists of seven houses, each with a manager and a dedicated staff team. The consistency of this arrangement has been disrupted due to staff turnover. In particular, the two houses designated for use by children who have short breaks has suffered changes to plans and staffing. Senior leaders have organised a review of this provision. The review is in the early stages. The impact on staff, children and their families has not yet been fully explored. This has left staff feeling confused about decisions made regarding them and the children they work with. While this has not affected their care of children, it has lowered their morale because they do not feel appropriately consulted about the proposed changes.

The registered manager oversees the progress and development children make through liaison with house managers. Some houses have had new managers. This has had an impact on the frequency and quality of staff supervision. Supervision tends to be task-based. This reduces opportunities for staff to reflect about improving their care practice. Staff tend to meet in their house groups. This limits opportunities for the registered manager to work with the care team to set out and oversee a common approach to childcare.

The organisation provides a wide range of training opportunities. This means that staff can be helped to offer consistent care that helps children to make progress in their ability to communicate, make choices and stay as safe and healthy as possible. A high number of support staff have been enrolled on a suitable qualification. Some managers are experienced in care of adults rather than children. The manager has not ensured that there is a workforce development plan and there is limited assessment of the impact

and effectiveness of staff training. This limits her ability to oversee staff training and development needs to ensure high-quality care.

The independent visitor has regular contact through visits to all of the houses. He reviews records, meets with staff and observes children. He reports effectively about the quality of care being provided in each home. Some shortfalls that he identifies have persisted, such as the quality of some records. Inspectors found this also to be the case. For example, there are records of restraint and activity plans that staff have not fully evaluated for outcomes, or implemented identified actions to improve staff support. The registered manager does not have sufficient oversight of these records to ensure that improvement is made.

Parents, social workers and medical professionals say that care staff communicate well with them about children's needs. They say that they do not need to make complaints because staff listen to them and share problems. The majority of matters are resolved quickly and effectively. On two occasions, the safeguarding team's investigations into concerns about children's healthcare have not been shared effectively with families because they were not recorded as complaints. This has caused some confusion for parents about the outcome of those investigations.

Senior leaders are planning to review the home's statement of purpose. In particular, they are reviewing the future of short-breaks provision, and the range of health and behaviour needs of the children who live there. This is in the early stages of development. Plans include appropriate consultation with parents, placing authorities and staff, as well as the inclusion of children's views when possible.

Information about this inspection

Inspectors have looked closely at the experiences and progress of children and young people. Inspectors considered the quality of work and the differences made to the lives of children and young people. They watched how professional staff work with children and young people and each other and discussed the effectiveness of help and care provided. Wherever possible, they talked to children and 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.

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: SC035518

Provision sub-type: Residential special school

Registered provider: Sea Shell Trust Limited, Stanley Road, Cheadle Hulme, Cheadle SK8 6RQ.

Responsible individual: Mark Geraghty

Registered manager: Catherine Hall

Inspectors

Denise Jolly, social care inspector
Michelle Bacon, social care inspector

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