

SC035648

Assurance visit

Information about this secure children's home

This secure children's home is operated by a local authority and is approved by the Department for Education to restrict children and young people's liberty. The children's home can accommodate up to 38 children and young people who are aged between 10 and 17 years. It provides for up to eight children and young people placed by the Youth Custody Service and for 30 children and young people accommodated under section 25 of the Children Act 1989 who are placed by local authorities.

Admission of any child under section 25 of the Children Act 1989 who is under 13 years of age requires the approval of the Secretary of State.

The commissioning of health services in this home is the statutory responsibility of NHS England under the Health and Social Care Act 2012. Education is provided onsite in dedicated facilities.

The manager is registered with Ofsted and has managed the home since October 2015. He holds suitable higher-level qualifications for this role.

Visit dates: 9 to 11 November 2020

Previous inspection date: 4 February 2020

Previous inspection judgement: Sustained effectiveness

Information about this visit

Due to COVID-19 (coronavirus), Ofsted suspended all routine inspections in March 2020. As part of a phased return to routine inspection, we are undertaking assurance visits to children's social care services that are inspected under the social care common inspection framework (SCCIF).

At these visits, inspectors evaluate the extent to which:

- children are well cared for
- children are safe
- leaders and managers are exercising strong leadership.

This visit was carried out under the Care Standards Act 2000, following the published guidance for assurance visits.

Her Majesty's Chief Inspector of Education, Children's Services and Skills is leading Ofsted's work into how England's social care system has delivered child-centred practice and care within the context of the restrictions placed on society during the COVID-19 pandemic.

Findings from the visit

We did not identify any serious or widespread concerns in relation to the care or protection of children at this assurance visit.

The care of children

Children living in this home have a range of complex needs, behaviours and vulnerabilities. Staff are skilled in building relationships that support and encourage children to respond to the work being undertaken with them.

There is effective integrated working between social care, health and education professionals. This ensures that children have a comprehensive assessment of their needs and a holistic approach to meeting those needs. Staff understand the impact that children's life experiences have on their behaviours and self-esteem. As a result, care plans are child-centred and support children to grow in resilience.

Multi-agency staff use a range of resources to help children to understand the risks associated with the COVID-19 pandemic. For example, staff use social stories to explain the reasons for COVID-19 restrictions and have introduced wellness packs to enhance children's well-being through periods of isolation. Staff have proactively supported children to maintain relationships with families and professionals during the period of COVID-19 restrictions.

There are a range of ways in which children's views are sought to influence their care. These include the use of 'my space' children's meetings and access to advocates, the independent visitor and the complaints process. Children's planning meetings have child-centred tools to encourage children to share how they are feeling. As a result, children have influenced decisions about their care plans, visiting arrangements, activities and allowances. Staff and managers robustly advocate for children when there may be delays in individual plans being progressed.

Admissions into the home and children moving on from the home have been well managed during the COVID-19 pandemic. Prior to children moving in, they receive child-centred information about the home and about the admission processes. This supports children to understand boundaries, expectations and arrangements for keeping children safe. Technology has been used to help children familiarise themselves with their new carers and the new environment that they are moving into.

Healthcare staff, including the commissioned mental health service, have ensured that children continue to access regular support for their physical and mental health and well-being. Safe care pathways have been created for children needing to

isolate. Children with underlying health conditions have received essential care, benefiting from improved links with specialists in the community.

There has been a significant increase in the number of multi-agency (formulation) meetings. This demonstrates that better support is provided to children to help them make sense of their circumstances and plan for their futures.

Children with additional communication needs have benefited from work with the speech and language service. Education and care staff receive advice on how best to communicate with children with specific needs and conditions. As a result, some children, who were previously vulnerable to exploitation in the community and who have presented as withdrawn in the home, have made significant progress in participating in group activities. One child benefited from a careful, phased introduction to his group of peers, following a period of isolation. This gradual approach helped to reduce his anxieties.

Leaders and managers worked hard to keep the school open every day throughout the COVID-19 restrictions. For the majority of time, children had access to their full entitlement of education hours. This included personalised timetables for learners shielding for health and safety reasons and to meet the complex needs of specific learners.

Leaders and managers have used technology creatively to continue holding their assemblies with children and celebrating their achievements and learning successes. Furthermore, teachers who needed to isolate at home have used technology to deliver recreational activities to children, such as quizzes.

Leaders report that both children and staff have found this inclusive approach beneficial.

The safety of children

Staff are nurturing and non-judgemental in their care of children with complex needs and behaviours. Creative, effective work is carried out by staff with a girls' group. The group is successful because staff have built trusting relationships with children and helped them to communicate in a supportive way with each other.

Risk assessments are holistic, comprehensive and regularly reviewed and updated. There are good communication systems in place to promptly share information about changes to risks and behaviours. As a result, there is good oversight of children's needs, risks and vulnerabilities.

Multi-agency safeguarding meetings take place in a timely way in response to any safeguarding incident or new information. Holding virtual meetings has seen an increase in professionals' attendance and contributions.

Social care, health and education staff are aware of the impact of the added pressures children may be experiencing as a result of the COVID-19 restrictions.

Individual plans include clear expectations that staff monitor children carefully and increase support when there are concerns about children's mental health needs and self-harm behaviours.

Measures used to keep children safe, such as separating children and the use of physical restraints, are rigorously reviewed by managers, the independent visitor and designated officer. When learning is identified, it is shared, and recommended actions are implemented.

Education arrangements and children's individual timetables have been adapted to ensure social distancing in line with advice from Public Health England guidance. Such measures have reduced opportunities for, and incidents of, conflict between peers. This is informing future planning to improve safety in the home.

Managers have notified Ofsted and the local authority of safeguarding incidents and referrals appropriately. However, a small number of complaints made by children might also have been considered as allegations of potentially harmful behaviour. This had not been recognised and responded to by managers and staff reviewing the complaints. Managers have acknowledged this shortfall and taken appropriate action to ensure that safeguarding agencies have reviewed the potential concerns.

Leaders and managers

There is an established, experienced senior management team in the home. Managers know the children's needs and progress well. Effective integrated working with education and health colleagues leads to positive changes for children.

There are a range of internal and external monitoring mechanisms in place that result in action plans and developments within the home. Managers identify trends and know the story behind these.

Inspectors received excellent feedback from social workers and professionals about the service and about collaborative working. This included reports such as, 'children benefit from a fantastic mental health resource and holistic assessment', communication with the home is 'open and transparent' and 'children are able to develop their identity'. One social worker reported: '[Child's name] moved in with no ambition. They have given him hope; he now has aspiration.'

There has been a stable staff group since the last inspection. The manager sets high expectations of staff and they have responded well during the COVID-19 pandemic. Children benefit from staff who are flexible, conscientious and dedicated.

Staff undertake mandatory training, have development and training opportunities, and are supported by regular formal and informal supervision. Managers identify where practice needs strengthening or poor practice addressing.

Managers recognise the complexity of the task for staff and ensure that staff have access to independent, confidential counselling and support. Staff referred to valuing this offer and valuing support from their teams.

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 protection of children standard is that children are protected from harm and enabled to keep themselves safe. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff take effective action whenever there is a serious concern about a child's welfare; and are familiar with, and act in accordance with, the home's child protection policies. (Regulation 12 (1)(2)(a)(vi)(vii)) This is in respect of staff and managers' assessment of complaints and the need to determine whether the concern is about potentially harmful behaviour by a member of staff to a child. In such a case, child protection procedures 'responding to allegations against staff or volunteers who work with children' should be adhered to.	21/12/2020
The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children's home that— helps children aspire to fulfil their potential; and promotes their welfare. In particular, the standard in paragraph (1) requires the registered person to use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(2)(h)) In particular, managers should ensure that there are robust and timely systems in place to monitor children's complaints	21/12/2020

and identify and act on any that raise child protection concerns.	
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Secure children's home details

Unique reference number: SC035648

Registered provider: Durham County Council

Registered provider address: County Hall, Durham DH1 5UL

Responsible individual: Martyn Stenton

Registered manager: Selwyn Morgans

Inspectors

Cathey Moriarty, Social Care Inspector
Natalie Burton, Social Care Inspector

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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

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