

SC035648

Registered provider: Durham County Council

Full inspection

Inspected under the social care common inspection framework

Information about this secure children's home

This secure home is operated by a local authority and is approved by the Department for Education to restrict children's liberty. The home accommodates up to 38 children aged between 10 and 17 years. It provides care for up to eight children placed by the Youth Custody Service and 30 children 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 on site 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.

Due to COVID-19 (coronavirus), at the request of the Secretary of State, we suspended all routine inspections of social care providers on 17 March 2020.'

We last visited this setting on the 09 November 2020 to carry out an assurance visit. The report is published on the Ofsted website.'

Inspection dates: 13 and 15 April 2021

Overall experiences and progress of children and young people, taking into account	outstanding
Children's education and learning	good
Children's health	outstanding
How well children and young people are helped and protected	outstanding

The effectiveness of leaders and managers

outstanding

The secure children's home provides highly effective services that consistently exceed the standards of good. The actions of the children's home contribute to significantly improved outcomes and positive experiences for children and young people who need help, protection, and care.

Date of last inspection: 4 February 2020

Overall judgement at last inspection: sustained effectiveness

Enforcement action since last inspection: not applicable

Recent inspection history

Inspection date	Inspection type	Inspection judgement
04/02/2020	Interim	Sustained effectiveness
10/09/2019	Full	Outstanding
19/02/2019	Interim	Sustained effectiveness
18/09/2018	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: outstanding

Children continue to receive care from staff who are resiliently committed, child focused and who 'go the extra mile'. The staff make certain that each child's journey and experience are positive during their stay. This approach makes a substantial difference to the progress that each child makes.

Managers and staff have made significant efforts to implement infection control measures and to overcome the challenges brought about by the COVID-19 pandemic. Care has continued to be delivered in a way that recognises and responds to government guidelines, while continuing to prioritise the needs of the children.

Staff ensure that children are made to feel welcome on arrival. Every effort has been made to make the isolation period, required due to the COVID-19 pandemic, as positive as possible by ensuring that children have regular interaction with staff and engaging activities to participate in.

Children say that they receive good care which helps them to make progress and keeps them safe. The environment is calm, comfortable and child centred. Children benefit immensely from the nurturing and sensitive care provided by the staff. For example, a member of staff was seen gently putting cornrows in a child's hair. The child's enjoyment of this was evident for all to see.

Care practice is underpinned by strong reciprocal relationships between the children and staff. These relationships are used to good effect in helping children to reflect on past behaviours and to make better choices moving forward. The impact of this is powerfully apparent in that a few children spoke openly about how they will do things differently when they leave the home.

The general ethos of care is underpinned by a trauma-informed approach. Staff see beyond the presenting behaviours of the children and appreciate the issues that affect and influence their lives. Every effort is made to support children to develop new, positive ways of managing their behaviours.

Children make continued progress relating to their social skills, independence, education and self-esteem. A child beamed with pride when talking about how much more confident they are now. They explained how staff have supported them to be able to care for themselves better and how they are now feeling good about their appearance.

There is a whole-centre approach to provide nurturing care for children. Cohesive links are maintained between care, education and health staff. This ensures that each child's known and emerging needs are addressed in a coordinated manner.

Children's plans are reviewed frequently, using a range of multidisciplinary forums. These support a 'team around the child' approach. Routine meetings are extremely child focused. Professionals attending demonstrate a comprehensive knowledge of the children's past and present needs, behaviours, risks and vulnerabilities.

Plans for leaving are put in place as soon as possible. There is a keen focus on ensuring that external professionals fulfil their obligations to identify future placements for the children and support a positive planned transition. Appropriate levels of challenge have been made when these expectations have not been met, with staff strongly advocating in the best interests of the children.

Excellent levels of communication between the staff and children facilitate good consultation. Good use is made of a range of forums to ensure that children can contribute to and influence the direction of their care and the plans being made about their future.

Children understand the complaints procedure and are confident in their use of this and that their opinions are listened to. When complaints have been made, they are taken seriously and fully investigated. Where required, action is taken to remedy children's concerns or any shortfalls.

Children have good access to advocacy services and they are supported well to engage with these when necessary. An advocate gave very positive feedback about how the centre always responds to issues that children raise. This further demonstrates that children's views are taken seriously.

The activity programme has been adapted to ensure that 'house bubbles', which have been created to protect the children throughout the COVID-19 pandemic, are maintained. This has been done in a thoughtful way that has enabled children to continue to access the swimming pool and the multi-gym. Most children are very positive about the recreational pastimes that are on offer. The children spoke with enthusiasm, reliving some of the activities that had taken place during the Easter week. These included a 'beer goggles' Easter egg hunt, paint bagging and a disco evening.

There is a good balance between maintaining a safe and child-friendly environment. Some houses could be made more homely by rehangng pictures following redecoration.

When visits could not take place due to the COVID-19 pandemic, good use was made of technology to ensure that children were able to keep in touch with the important people in their lives. Staff have adapted well to the ever-changing restrictions brought about by the pandemic and have done their best to limit the impact of these on the children. For some children, the use of video calls has improved the quality of contact with their family by increasing their face-to-face interaction.

Social interaction at mealtimes has declined. A number of children are eating meals in their bedrooms. This change initially occurred due to the COVID-19 pandemic and children needing to isolate. Although this may be appropriate for some children based on their presenting needs, it should not be common practice.

Children's education and learning: good

Leaders have ensured that the education provision at the centre has remained open throughout the COVID-19 pandemic. Children attend their lessons and activities in their residential house groups as part of leaders' infection control measures. These measures prevent children from mixing with each other unnecessarily. These arrangements have led to improved behaviour and reduced the number of recorded incidents.

Leaders and managers have started to design and structure a revised curriculum that will help children to develop fully the knowledge, skills and behaviours that they need in the next stages of their learning and employment. The new curriculum is based on English, mathematics, 'character education' and being a 'functional reader'. While the curriculum is in a transitional development stage, leaders need to accelerate urgently the timescales for its implementation.

Children make good progress in their learning. For example, children often enter the home with poor reading skills. They develop their reading ability quickly and begin to read for pleasure. Children develop useful practical skills that they can transfer to other environments, such as in carpentry, art, music and independent living. They learn about healthy relationships and develop resilience, confidence and respect for others. Children successfully achieve a variety of accredited qualifications and modules that motivate them to want to succeed further, for example in English and mathematics, sports leadership awards and assertiveness. These achievements are often the first accomplishments that these children have experienced.

Managers accurately identify children's starting points across the curriculum. Assessments of children's English and mathematical skills are particularly thorough. Managers use these effectively to reassess children's progress in these subjects. They provide additional support if children struggle to achieve expected standards in English and mathematics. However, managers and teachers do not use the information fully to set appropriate individual learning goals that will help children to learn more and remember more across the whole curriculum they study. Most children complete the same activities in the lessons they attend.

Staff develop positive relationships with children.

Support for children is very effective. Staff work successfully to help all children, including those with very complex needs, to improve the quality of their lives. Leaders deploy support staff and teachers flexibly to ensure that children receive the support they need when they need it. Managers work directly with occupational and speech and language specialists to implement appropriate strategies within lessons to help children overcome barriers to learning.

Children receive appropriate independent careers information, advice and guidance. Records show that discussions are helpful. Where children aspire to professions that are not covered in the current curriculum, leaders provide online courses to help children develop their understanding of these sectors, for example equine studies and Construction Skills Certificate Scheme cards.

The quality of teaching is not consistently good. A few teachers do not challenge children sufficiently to enable them to achieve what they are capable of. These lessons are not well structured or do not have purpose. Staff do not challenge inappropriate language or behaviours rigorously enough.

Leaders acknowledge that teachers do not provide written feedback to children that helps them to understand exactly what they have done well and how they can improve their work further. Too much feedback is overly positive or perfunctory.

Leaders and managers monitor the quality of the existing curriculum appropriately through subject views, learning walks and performance reviews. However, at the time of the inspection, they were at the early stages of developing a new quality assurance process aligned to the planned, revised curriculum.

Children's health: outstanding

There is an enthusiastic, skilled and experienced multidisciplinary healthcare team that is well integrated and has a shared vision to improve health outcomes for children.

Joint working with the wider centre is excellent and helps staff understand children's health needs. Staff have adapted their working practices to support the children. For example, bespoke 'formulation plans' developed by the speech and language therapist and occupational therapist are used to identify strategies to support children's emotional well-being. For example, for one child with autism spectrum disorder, a specific and individualised plan has been designed to ensure that their 'journey' to school is a positive one.

Practice is very child focused and children are actively involved in their care. The children actively contribute their views to the development of their 'my story' record. They attend multi-agency meetings, which allows them to have a greater say and understanding about their care. Staff work hard to build relationships with the children to support engagement with health services, which supports children to make excellent progress.

During the COVID-19 pandemic, appropriate infection prevention and control processes have been introduced. This has helped to ensure that there have only been low levels of COVID-19 in the centre. There have been periods during the pandemic where there have been some restrictions on healthcare professionals seeing children in person to help minimise the risks. However, when needed, children have been seen in person. Impressive work has been completed to analyse the decreasing levels of

incidents, pre and during the pandemic, exploring the reasons for this to inform future ways of working.

An age-appropriate range of provision is provided to the children, including immunisations, access to substance misuse workers and drop-in clinics with primary care nurses. Other health professionals visit when needed, such as the dentist, general practitioner and podiatrist. Children can attend the optician in the community. Children who need urgent care or external secondary care appointments can attend community health provision.

The Comprehensive Health Assessment Tools process is undertaken with children after their admission, which identifies children's health and well-being needs. Subsequently, care plans are developed that are reviewed regularly, where appropriate referrals are made. Engagement with community health professionals and families supports this process. Excellent planning for transitions helps to support children moving on from the centre.

The service is very responsive to the needs of the children. For example, specialist training for staff was arranged as soon as a need was identified, to ensure that staff understand and can respond to a child's specific health needs.

Medication is well managed and support plans have driven improvements that had been identified through audit processes. Currently, there is not a nurse prescriber on site but there is a process in place to ensure that children have timely access to medication.

Most healthcare staff are up to date with mandatory training. Good clinical supervision processes ensure that staff are supported in their roles. However, for a small number of staff, the recent staffing changes have had a negative impact on this.

The 'Secure Stairs' framework, which is a multidisciplinary approach to assessment and planning in secure settings, is well embedded within the centre. The ethos is embraced by all staff and helps to ensure a safe environment for children to improve their emotional well-being. As part of the 'Secure Stairs' approach, each child has a detailed formulation plan, and reflective practice sessions are offered to all staff to support them in their work.

At the time of this inspection, there had been significant changes in the staffing for the primary care team. The newly appointed primary care lead has yet to take up their post. This has impacted on aspects of some auditing and oversight arrangements. Plans have been made to address this, which has not impacted on children's care.

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

Keeping children safe and protected from harm is given high importance. Children say that they feel safe. Children's risks, vulnerabilities and complex needs are established and understood at the point of referral. Multi-agency planning to ensure that the

home can meet children's needs occurs prior to admission to the home. This is very effective and ensures that the child's experience is less traumatic when moving into the home.

The children thrive in response to the ethos of the home, which has an emphasis on recognising the achievements of children and promoting positive behaviour. Children respond extremely well to the clear boundaries and routines of the home. This approach helps the children to feel safe, become settled, grow in confidence and make good progress.

The staff have extensive awareness and understand the risks associated with the children, their past traumas and early childhood experiences. This is the result of excellent information gathering and sharing through routine multidisciplinary meetings. During these meetings, the presenting risks and safety plans are reviewed for each child to ensure that the care and assistance provided respond to their needs and keep them safe. In addition, there is a strong emphasis on providing feedback to children that is delivered in a way that they can understand.

Physical intervention, single separation and managed away episodes are carried out in accordance with regulations. Records and closed-circuit television footage reviewed support the rationale and justification for the measures of control seen. The senior staff and managers are at the forefront of overseeing all stages of interventions. In addition, the voice of the child is strongly evident in follow-up key-work sessions after incidents. The child's views and opinions are used to further support the children to manage their behaviour in the future.

There is robust and effective managerial oversight and monitoring of the safety of children, including physical intervention incidents and night-time checks. This ensures that any practice issues are quickly identified, and swift action and learning is taken to address shortfalls. This maintains the established high standards for supporting children in crisis and keeping them safe.

All allegations are taken seriously, and investigations are thorough and well-coordinated. All referrals and records reflect the level of detail and the actions taken to ensure that children's safety is maintained. In addition, there is a layer of independent scrutiny from the designated safeguarding officer when required.

The effectiveness of leaders and managers: outstanding

Robust and wide-ranging monitoring systems continue to ensure that high standards of care are maintained. Identified deficits and omissions are swiftly addressed. This leads to further improvement to the quality of children's care and the effective operation of the service.

The two requirements made at the last inspection have been met. There are effective and timely systems in place to monitor children's complaints. The system now determines whether a complaint from a child is an allegation against a member of

staff. This makes certain that any allegation received in this way is processed under safeguarding procedures.

There continues to be seamless partnership working between the care staff, health, and education teams. This provides the children with consistent and holistic care and has an extremely positive impact on the quality of care provided to the children.

The registered manager clearly describes the strengths and areas being developed within the service. He demonstrates ambition for the children to make progress and achieve. Despite the COVID-19 pandemic, the manager, along with the senior management team, has continued to make further improvements to the service. For example, a project has been set up to improve children's sleep patterns, the home is working towards achieving the 'Be Healthy' award and a horticultural project is underway. The home has started to implement the 'Enabling Environment' project. This is a nationally recognised award that further builds on the therapeutic and trauma-informed culture of the home.

Leaders ensure that significant events that relate to the welfare and safety of the children are reported to relevant professionals and organisations. Immediate action is taken to protect children.

Great attention is given to ensure that the staff have the required skills and knowledge to meet the needs of the children. Staff receive mandatory and more-extensive training. For example, additional training on epilepsy and building on autism awareness was commissioned in response to children with these specific needs being admitted to the home.

Highly effective communication systems and support mechanisms exist for staff. These focus on good care practice, staff development and their well-being. Formal supervision, debriefs, team and reflective practice meetings support staff to deliver and maintain a high standard of care for the children.

Managers act without delay to address staff behaviour that falls below the expected standard. However, records are not sufficiently detailed and do not record all the actions taken.

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

Recommendations

- The registered person should ensure that there are opportunities for children to sit and eat together. ('Guide to the children's homes regulations including the quality standards', page 15, paragraph 3.8)
- The registered person should ensure that all staff consistently follow the home's policies and procedures for the benefit of the children in the home's care. In particular, this is to ensure that there is full oversight of the health governance arrangements needed to ensure that an effective and safe service is delivered. ('Guide to the children's homes regulations including the quality standards', page 54, paragraph 10.20)
- The registered person should ensure that leaders, managers and teachers use the analysis of children's starting points to demonstrate individually how children know more, remember more, and can do more than they could when they entered the home. This should include how they develop wider skills, behaviours, and attitudes such as confidence, resilience, self-esteem and independence. ('Guide to the children's homes regulations including the quality standards', page 26, paragraph 5.2)
- The registered person should ensure that measurements of children's educational progress include how well the child is being prepared for their next stage of education, training or employment, and quantitative data where available. Other metrics can also be taken into account, such as rewards and recognition of achievements, improvements in attendance and, where appropriate, reduction in behavioural incidents, including exclusion. Managers and teachers must provide helpful written feedback on children's work to help children to develop and improve their individual knowledge, skills and behaviours. ('Guide to the children's homes regulations including the quality standards', page 26, paragraph 5.2)
- The registered person should ensure that a note of the content and/or outcomes of supervision sessions is kept and to ensure that both the person giving the supervision and the staff member have a copy of the record. In particular, all action taken relating to disciplinary, conduct or practice-related matters should be recorded. ('Guide to the children's homes regulations including the quality standards', page 61, paragraph 13.4)

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'.

Secure children's home details

Unique reference number: SC035648

Provision sub-type: Secure Unit

Registered provider address: Durham County Council, County Hall, Durham DH1 5UJ

Responsible individual: Martyn Stenton

Registered manager: Selwyn Morgans

Inspectors

Debbie Foster, Social Care Inspector

Paul Scott, Social Care Inspector

Cath Sikakana, Social Care Inspector

Suzanne Wainwright, Her Majesty's Inspector, Further Education and Skills

Catherine Raycraft, Care Quality Commission

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