SC037647

Assurance visit

Information about this children's home

This local authority home provides short-break care to 13 children who have a learning disability, physical disability and/or complex health needs. It is registered to provide short-break care for up to four children at a time. At present, no more than two children stay at the same time. There has been no registered manager in post since March 2020.

Visit dates: 6 to 7 October 2020

Previous inspection date: 11 February 2020

Previous inspection judgement: Requires improvement to be good

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

Staff and children enjoy building strong and trusting relationships. Children benefit from consistent support and a staff team that clearly understands their needs and enjoys helping them to have fun.

The COVID-19 pandemic is limiting the range of community outings that children can enjoy, but staff find a range of activities to suit each child. Children arrive in high spirits, demonstrating their anticipation of having a good time with the staff, who have collected them from school. One parent says, 'I can't fault the staff, they are all lovely and (my child) is always excited to stay because they know they will have a great time.' The independent visitor commented, 'Children bounce in, and I love to watch their faces as they show me what they get up to.'

Staff work well with children and their families to understand children's unique needs and minimise anxiety about staying away from home. They work with health specialists so that they understand children's healthcare needs. Staff know how to administer medication, respond in a health emergency and monitor children whose health is deteriorating. However, this knowledge is not consistently captured in children's plans. For example, one care plan did not include the child's bespoke epilepsy emergency response plan. All the necessary information was available, but it was not all in one place, which may prevent the right help being given in the timeliest way.

Staff and education providers work together, ensuring that children continue to learn and make progress in their education and social development. Children experience greater consistency than previously in their support because residential staff now join multi-disciplinary planning meetings where information is shared, and plans are agreed with families. A headteacher said that residential staff share each child's timetable of visits so that the school can help them to prepare for their stay. This positive practice helps children to anticipate the change to their usual routines and promotes a positive start to their time away from home.

Staff understand the complex needs of the children. A social worker said, 'Staff know the children really well, and children love going to stay.' New recording systems capture children's plans and lived experiences and help to chart the progress children are making in their independence and understanding. This is a work in progress. Staff are committed to addressing effectively the impact of social, behaviour and communication support needs on children's emotional health.

Staff offer practical support, such as helping children to practise social distancing and using prompts for handwashing, to help them understand the impact of the COVID-19 pandemic on their everyday lives.

Staff offer support to help children to make choices and decisions about their immediate lives. Refresher training in communication support will enhance the skills staff already use to understand disabled children's voices. Staff promote children's

diversity and help them to overcome barriers to their active participation in community life.

The safety of children

Staff understand how to manage risk and work hard to keep children safe.

Staff create structure and routine that helps children to feel secure. Through positive relationships they promote improving communication and emotional regulation. They celebrate children's successes and focus on providing positive support. Children learn that they are listened to, and this means that upsetting incidents are rare and physical intervention is not a feature of the home.

Staff have improved their recording of children's behaviour and experiences. This enables managers to analyse events and identify where children's risk assessments and behaviour support plans should be updated, or where staff training is required.

The manager and senior staff ensure that all children's plans are constantly reviewed, considering the COVID-19 outbreak and any additional safeguards required to keep disabled children safe. Staff understand these plans and implement them appropriately. They do their best to support families who are experiencing stress because of the reduction in support services available to their child.

Children have up-to-date, individualised risk assessment and action plans that include a personal emergency evacuation plan. A minority of children use a confined bed space during their stay. Their care plans do not include information to help staff understand whether this is the best or only way to support them and keep them safe, or when the approach was last reviewed by a suitable professional to ensure it remains necessary.

Staff continue to access training in a variety of formats, including training in identifying the vulnerabilities of, and safeguarding, disabled children. Staff demonstrate confidence in their understanding of the potential risk and impact of abuse and neglect, and know how to respond to protect children.

Leaders and managers

Temporary managers have been overseeing the home since the last inspection. The COVID-19 outbreak has reduced the availability of short breaks for children because the capacity of the home is temporarily reduced to two children each day. Sometimes the home has closed at very short notice due to staff or children being required to self-isolate. These difficulties have limited the progress being made in the development of the service. Occasionally, the service has been left without day-to-day management, and it has been unclear who staff should contact for non-emergency support. However, progress is being made across all the requirements and recommendations made at the last full inspection.

An interim manager has recently been appointed. She has applied to register with Ofsted. A deputy manager and a strong team of experienced staff, as well as a proactive responsible individual, support her. She is promoting development by reviewing and revising the home's development plan in consultation with them and more senior managers.

Staff are working hard to continue to develop the service as children return to short breaks after a long absence. Their approach to providing care remains enthusiastically child focused. Systems and processes are gradually improving, with significant progress in recording, management oversight and health and safety.

The independent visitor continues to monitor the progress and well-being of the children. Visits are carried out in a combination of distance and on-site work. She observes children and speaks with staff, social workers and families. She provides clear feedback to the manager. Any concerns arising are dealt with promptly.

The manager has reviewed consultation with parents to encourage greater feedback about what they feel has gone well, and what could be better. Although in its early days, the information gathered will be used to improve the care and experiences provided for children. This is one element of a drive to generally improve communication with all stakeholders.

Leaders are acutely aware of the need for stable and permanent leadership so that progress is continuous and embedded into systems and staff performance. Training continues in a variety of formats to ensure continued and effective staff development. Staff have had appraisal, and this informs their ongoing supervision and development. Staff and managers have recognised they need to use reflective practice to further improve the quality of care they provide.

One requirement and four recommendations are made following this visit.

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
The health and well-being standard is that— the health and well-being needs of children are met. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff help each child to—	03/11/2020

achieve the health and well-being outcomes that are recorded in the child's relevant plans. (Regulation 10 (1)(a)(2)(a)(i)) This is specifically in relation to ensuring that, when necessary, up-to-date emergency or rescue healthcare plans are included in children's care plans.	

Recommendations

- Where children have very complex care needs, any use of mechanical restraint should follow a rigorous assessment process and, as with any restraint, be necessary and proportionate. Wherever such restraint is planned, it should be identified within a broad ranging, robust behaviour support plan which aims to bring about the circumstances where continued use of such restraint will no longer be required. ('Guide to the children's homes regulations including the quality standards', page 47, paragraph 9.45) In particular, by ensuring there is appropriate specialist assessment and oversight for children who use beds that prevent their independent exit from them.
- Those with a leadership and/or management role should be visible and accessible to staff and able to deliver their leadership and/or management responsibilities. ('Guide to the children's homes regulations including the quality standards', page 52, paragraph 10.7) Specifically, they should ensure that staff are given clear instructions about who is responsible for the day-to-day running of the home when they are absent from it.
- The workforce plan should be used to record the continuing professional development needs of staff – including the home's manager. ('Guide to the children's homes regulations including the quality standards', page 53, paragraph 10.8) This specifically relates to training in supporting children's play and communication.
- The registered person must have systems in place so that all staff, including the manager, receive supervision of their practice which allows them to reflect on their practice and the needs of the children assigned to their care. ('Guide to the children's homes regulations including the quality standards', page 61, paragraph 13.2)

Children's home details

Unique reference number: SC037647

Registered provider: Knowsley Metropolitan Borough Council

Registered provider address: Knowsley MBC, Children's Services, Huyton Municipal Buildings, 6th Floor, Huyton, Knowsley, Merseyside L36 9YU

Responsible individual: Ruth France

Registered manager: Post vacant

Inspector

Denise Jolly, Social Care Inspector

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