

SC037762

Registered provider: Portsmouth City Council

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

A local authority operates this home. The home is registered to care for up to five children who may have social, emotional or behavioural difficulties.

The manager has been registered with Ofsted since 2011.

Inspection dates: 19 and 20 May 2022

Overall experiences and progress of children and young people, taking into account	good
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How well children and young people are helped and protected	good
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The effectiveness of leaders and managers	requires improvement to be good
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The children's home provides effective services that meet the requirements for good.

Date of last inspection: 27 April 2021

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
27/04/2021	Full	Good
11/03/2020	Full	Inadequate
03/01/2019	Full	Good
19/10/2017	Interim	Declined in effectiveness

Inspection judgements

Overall experiences and progress of children and young people: good

Children enjoy positive relationships with staff, who are committed to promoting their well-being. The staff are a stable team who know the children well. The children express some frustration with peer relationships. This is being sensitively managed in direct work with them. The staffing levels mean that children are able to have time apart from each other as well as time together. This is effective in ensuring that the children can manage their relationships positively.

The children's achievements in education constitute a priority for staff. Due to the support of the staff, the majority of children are engaged in college work or paid employment. For example, staff were proactive in buying a bicycle for a child to enable her to travel to her workplace. The staff advocated for another child, who moved into the home without any education in place, to have a tutor from her previous school. This child has now started on a reduced timetable at a school.

The clinical team works in partnership with the care staff, which gives them insight into the emotional impact of the children's trauma. Therapists from the clinical team discuss the children in team meetings and contribute to their care plans. This intervention provides staff with information about how to work in a trauma-informed way with children.

The children's physical health needs are also prioritised. The staff ensure that children attend all health appointments and their health plans are followed. The staff advocated for a child to have a change in her medication in order to make it easier for her to comply with her medication regime.

The staff are committed to helping children live as independently as possible. Staff teach them practical skills in budgeting, shopping and cooking as well as other essential daily living tasks. Two children have experienced a successful move to supported accommodation. The staff have continued to advise and help these children to ensure that they are successful in their new homes.

Since the last inspection, the home environment has been improved to ensure that it has a more homely feel. New soft furnishings, chosen with the children, have been purchased. Photos of the children are positive visual memories of activities enjoyed with staff and each other.

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

There is a robust process in place to assess children's needs before they come to live at the home. Managers undertake a thorough risk assessment of the likely impact of the child moving into the home, focusing on their needs alongside those of children who already live there. The manager considers the child's views and motivation for moving into the home when making any decisions.

Records of missing-from-home episodes for children who have gone missing demonstrate that staff follow children and attempt to locate them. There are now individual plans in place for children, in addition to the generic protocols in place. The registered manager recognises that the risks for one child had increased and following consultation with professionals agrees that it was in the child's best interest to move out of the area.

Staff visit one child who is currently absent from the home every day to undertake key-work sessions, maintain their relationship with her, assess her safety and encourage her to return.

Safety measures are in place for all the children that give them opportunities to identify how they are feeling and when staff need to intervene to support them. This has been effective in demonstrating to the children how important their welfare is to staff.

Children's direct work with staff is recorded in a personalised way, which increases the children's ownership of these sessions. The staff discuss safety issues or concerns as they arise. In addition, a 'team around the child' approach ensures that there is always a staff member available who has additional responsibilities for each child.

The child's care plans and risk assessments are detailed and contain relevant information. These plans and assessments are usually updated following any changes in circumstances. However, there was an occasion when a child's risk assessment and emergency safety plan was not updated. The impact of this was minimal due to the staff's knowledge of the child. However, a new member of staff was not aware of the current plan.

Health and safety is an area that staff are prioritising. The staff work with the children to increase their understanding of the risks associated with smoking and to reward engagement with fire safety regulations. Children on the whole have responded positively to this initiative and the risks associated with smoking have reduced.

The recording of the administration of medication and the auditing of dosage have significantly improved. The system is further enhanced by the auditing processes undertaken by a senior member of staff and the manager.

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

The registered manager has had a long period of absence from the home. As an interim arrangement, a senior manager has supported the staff and managed the home. While this has been effective in ensuring a level of management oversight, staff expressed a degree of uncertainty about the absence of the registered

manager. A new manager has been appointed and is in the process of registering with Ofsted.

The senior leaders have addressed concerns in regard to staff performance by taking decisive action and ensuring that investigations are undertaken either internally or by an independent source. There have been delays in outcomes of such investigations; however, this has had minimal impact on children.

Ofsted has not been formally notified of all serious incidents. This does not ensure that the regulator is notified of significant events.

There have been very few incidents involving physical intervention. On one occasion, the monitoring of the incident did not identify poor staff practice or analyse whether police attendance was necessary. There was also an occasion when a child's care plan was not followed and staff acted against policy during a crisis. This is currently subject to investigation. At the time of the incident, external professionals were not informed or consulted with regard to the actions taken.

Social workers said that communication is generally good and that the manager reports incidents and matters of concern promptly. A shared database enhances this process.

Team meetings are held regularly and children's care plans and risk assessments, team around the child arrangements and any outcomes from direct work with children are discussed. However, staff have not had regular supervision sessions or annual appraisals. This does not provide staff with protected time to discuss their welfare and the impact of the job and contribute to the development of the home. In addition, there is not a workforce development plan in place to identify staff skills, experience, and any gaps in training.

The managers are aware of the above shortfalls and are committed to the continual improvement of the service.

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
In meeting the quality standards, the registered person must, and must ensure that staff— seek to involve each child's placing authority effectively in the child's care, in accordance with the child's relevant plans. (Regulation 5 (a)) In particular, ensure that the placing authority is consulted about any changes to a child's care plan.	4 July 2022
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— 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 (1)(a)(b) (2)(f)) In particular, ensure that the staff follow children's care plans and ensure that they have clear guidance with regard to when the police should be called to support them.	4 July 2022
The registered person must ensure that all employees— receive practice-related supervision by a person with appropriate experience; and have their performance and fitness to perform their roles appraised at least once every year. (Regulation 33 (4)(b)(c))	4 July 2022

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))	4 July 2022
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Recommendations

- The registered person should ensure that staff continually and actively assess the risks to each child and the arrangements in place to protect them. Where there are safeguarding concerns for a child, their placement plan, agreed between the home and the placing authority, must include details of the steps the home will take to manage any assessed risks on a day-to-day basis. This includes ensuring that all risk assessments and emergency safety plans are kept up to date. ('Guide to the Children's Homes Regulations, including the quality standards', page 42, paragraph 9.5)
- The registered person should ensure that there is a workforce plan which can fulfil the workforce-related requirements of regulation 16, schedule 1 (paragraphs 19 and 20). ('Guide to the Children's Homes Regulations, including the quality standards', page 53, paragraph 10.8)

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'.

Children's home details

Unique reference number: SC037762

Provision sub-type: Children's home

Registered provider: Portsmouth City Council

Registered provider address: Civic Offices, Guildhall Square, Portsmouth
PO1 2EA

Responsible individual: Peter Murphy

Registered manager: Calvin George

Inspector

Suzy Lemmy, Social Care Inspector

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