

Inspection report for children's home

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Inspector	Deborah White
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Date of last inspection	4 December 2009
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About this inspection

The purpose of this inspection is to assure children and young people, parents, the public, local authorities and government of the quality and standard of the service provided. The inspection was carried out under the Care Standards Act 2000.

This report details the main strengths and any areas for improvement identified during the inspection. The judgements included in the report are made in relation to the outcome for children set out in the Children Act 2004 and relevant National Minimum Standards for the establishment.

The inspection judgements and what they mean

Outstanding:	this aspect of the provision is of exceptionally high quality
Good:	this aspect of the provision is strong
Satisfactory:	this aspect of the provision is sound
Inadequate:	this aspect of the provision is not good enough

Service information

Brief description of the service

This children's home provides care and accommodation for up to three children, of either sex, aged 12 years to 17 years old.

The home is made up of two floors with the ground floor having a toilet and shower room, a lounge with a television, a dining room with a computer and a kitchen.

The first floor includes bedrooms, a staff office and a bathroom. There is an enclosed back garden equipped with outdoor furniture and a barbeque.

There were three children present during this inspection.

Summary

The purpose of this unannounced key inspection was to look at the actions and recommendations from the last inspection and to inspect all key national minimum standards.

All outcomes for children were inspected. Outcomes for enjoying and achieving and economic well-being are satisfactory and outcomes for being healthy; staying safe; positive contribution and organisation are inadequate.

Children feel they are supported and relationships with staff are seen to be positive. Education is promoted and there are a variety of activities to engage children in enjoyable pastimes. Children are helped to learn life skills to prepare them for adulthood and the home provides comfortable accommodation that meets the children's needs.

The home have not met some actions and recommendations from the last inspection to improve outcomes for children, and there are a number of new actions made to ensure children are kept safe from harm.

Care planning in the home does not reflect children's known and assessed needs, or how these will be met on a day-to-day basis. Healthcare plans and risk assessments do not protect children from harm and systems to monitor the home are ineffective.

The home do not always tell Ofsted about significant events and not all child protection matters are reported to the appropriate persons. Countering bullying measures have not stopped bullying incidents and not all private information is treated confidentially. Staff records that are kept in the home do not fully include all the required information.

How behaviour is managed is not fully recorded to enable the registered person to properly monitor disciplinary measures are restraints.

There are 10 actions and 13 recommendations arising from this visit.

The overall quality rating is inadequate.

This is an overview of what the inspector found during the inspection.

Improvements since the last inspection

Since the last inspection the registered person has met 1 out of the 4 actions made in the inspection report.

Regulation 33 reports now clearly show that complaints are looked at during every provider visit to the home. This ensures that where children, families or neighbours are unhappy about aspects of the children's home, these concerns are taken seriously.

The registered person does not keep adequate records in the home of the staff working there to ensure they can judge that all staff have the right knowledge, skills and experience to meet the needs of the children living there.

Where child protection referrals have been recorded, the documentation shows what happened and what actions were taken in response. However, not all possible child protection incidents have been recognised as such, and therefore a referral to the Local Children's Safeguarding Board has not been made. Subsequently, such incidents are not recorded in the home's records.

The home are better at reporting notifiable events, since the last inspection, but not all significant incidents have been notified to Ofsted in line with Schedule 5 of the Children's Homes Regulations.

There were also 8 recommendations made, 2 of which are met.

Improvements that are made are that staff feel they are supported and supervised, to improve and develop their practice, and children who go missing are seen by their social worker soon after the event.

Recommendations not met are to promote privacy and confidentiality; to prepare good healthcare and placement plans; to have adequate consent for homely remedies; to ensure contact arrangements are included in placement plans and to record the effectiveness of sanctions.

The above outcomes for children will be reported on in the main body of this report.

Helping children to be healthy

The provision is inadequate.

Children are consulted about what they like to eat and are happy with the food provided at the home. The kitchen is very well stocked with fresh and processed produce and children are happy to help with the weekly shop. Where children have special diets these are catered for and there are lots of snacks readily available. Children help to choose menus and enjoy cooking meals and baking.

Children are registered with local primary healthcare services and records are kept of appointments. The looked after children nurse carries out annual medical examinations, to monitor children's health and development, and is available to support children with health promotion.

Healthcare plans are in place but they do not adequately reflect known, assessed, needs to ensure children receive health care interventions in an organised way. Some needs are not included in plans at all and where they are recorded, they are vague.

The records for how health needs are to be met are not descriptive and therefore do not reflect the day-to-day arrangements for safeguarding children's health. For example, a strategy recorded says a child is to be given advice, support and guidance. It does not say what this is, who is to give it or when it will happen.

Where healthcare professionals are involved healthcare plans do not include important information that may have a direct impact on the safety of children. Outcomes from hospital assessments are not recorded in healthcare, or placement, plans and in some cases staff do not have a clear understanding of some of the risk issues associated with individual children.

All staff are trained to safely administer first aid and medication. There are systems in place to carry out regular stock checks of medication and all children have signed medication sheets to show they receive what doctors have prescribed them. There are consent cards to record parental consent to administer first aid and medication, however, these are not fully completed to safeguard children from receiving inappropriate medical care from staff.

Protecting children from harm or neglect and helping them stay safe

The provision is inadequate.

Children's privacy and confidentiality is not adequately respected. Staff are unclear about the home's information sharing protocol and there are examples where private information, about children, has been discussed with persons that are not family members or identified professionals.

Recording in the home's log does not protect children's privacy. There are long, detailed accounts of events that have occurred involving children living at the home. This information is not reciprocated in children's case files to reflect their history and development. There is also information about children displayed on the staff office notice board where children, and visitors, have access.

Children know how to complain and complaints are responded to within 28 days. Children know how to contact advocacy services and feel they can talk to staff if they are unhappy.

Children's welfare is not safeguarded by robust reporting systems where children are deemed to be at risk. Not all possible child protection incidents are referred to the Local Children's safeguarding Board to ensure possible concerns are reviewed by a person who is independent of the home. However, where events have been reported, accurate records are kept to enable the registered person to monitor welfare issues.

Children are not protected from bullying. There have been a number of incidents recorded, in the home's daily log and case files, where bullying has occurred. However, there have been no entries made in the home's bullying records to ensure that all bullying behaviour is challenged and monitored. Staff are not always consistent in what they consider to be bullying behaviour to ensure a consistent approach to keep children safe from their peers.

There are procedures in place to look for children who go missing. The home's records show factual information that includes what time a child has gone missing and what time they have

returned. Reasons for why children go missing are recorded in case files but not in the home's records. This means that incidents can not be fully monitored, or analysed to identify any common themes or trigger points that result in a child running away.

The home has made positive links with the local police to support vulnerable children who are at risk from going missing. The police visit the home on an informal basis and are seen to have good relationships with the children living there.

Not all significant incidents that occur at the home are reported to Ofsted as notifiable events. And, where notifications have been made the registered person has not requested a meeting that involves the placing authority to discuss actions to prevent further incidents.

Children's behaviour is not always managed positively to help them learn what is acceptable behaviour. The recording of sanctions does not show the effectiveness of the measure taken. And, individual entries made in the home's records for sanctions, and restraints, have not been signed by the Registered Manager to confirm monitoring has taken place. The recording of physical interventions is also inadequate. How children are held, or restricted, is not described to give a clear picture of what happened.

Sanctions are, on occasion, given for behaviours that should be addressed in children's placement plans. For example, if a measure is taken to keep a child safe this should not be seen to be a punishment. Also, where disciplinary measures are given for consistently poor behaviour there are no behavioural management plans, within placement plans, to support why behaviour is being managed by sanctions.

Individual risk assessments do not include all known risks to children to ensure they are kept safe from harm. Case tracking of children's files, during the inspection, identified a number of hazards, and incidents where children have been at significant risk, that are not recorded in risk assessments. Where risks are recorded they are not always detailed and specific to individual children.

Visitors to the home are not always vetted to prevent children being exposed to potential abusers. Visiting professionals, who are not known to staff, have their identification checked and all people coming into the home sign the visitor's book. However, not all adults who have access to children are checked in line with the national minimum standards.

Helping children achieve well and enjoy what they do

The provision is satisfactory.

There are some examples where children receive good support, however, it is not clear that this support is in line with their needs and wishes. This is because children's placement plans do not adequately reflect all children's assessed needs.

Areas where staff have promoted positive outcomes include arranging for additional staff training to recognise and assess where children are at risk from alcohol misuse. There is information for children about where to go if they are worried about their alcohol intake and staff talk to children about the dangers of binge drinking.

Staff have also arranged for professional agencies to visit the home informally so children can get to know workers they may be involved with in the future. This works well as children feel

more relaxed being able to chat in a non-threatening way. It also helps children see people in authority, such as the police, in a positive light.

Key worker sessions are held regularly but it is not clear how effective these are. The recording does not always make it clear what was discussed and children's views and thoughts are not recorded. The format used has a section titled 'outcomes from the session' and out of 6 sessions looked only 2 had a written outcome. Therefore the recording is not clearly showing how the session has helped the child.

Education is promoted and there is some innovative work being done to help children achieve their potential. Where children struggle with mainstream education there are alternative arrangements to ensure children can develop areas of vocational study and work experience. Staff work closely with schools to support placements and where there are attendance problems children are gently, but firmly, encouraged to go to school.

Activities are rated, by children, as one of the best things about living at the home. All children are encouraged and supported to pursue individual interests and there are lots of outings and events. Staff make sure that all the children have a birthday treat of their choice and other life milestones, such as leaving the home, are celebrated.

Helping children make a positive contribution

The provision is inadequate.

Placement plans do not show children's assessed needs or how these will be met on a day-to-day basis to ensure they receive the care they need. The objectives of each placement are not clear and where the needs of children are recorded, they are very generalised and do not reflect each child's individuality.

Where strategies are recorded to meet children's needs, again these are not specific to each child. For example, in one child's plan it is written that staff are to promote contact and provide transport and finance. The plan does not detail when the contact is to take place; how the child will be transported or who is responsible for the arrangements.

There are sections in each plan for children and social workers to sign to signal their agreement with what interventions will be in place to meet children's needs. None of these sections have been signed in any of the plans inspected. Also, there is no section to signal parental consent or agreement from parents that they are happy with how their children are being looked after.

Children know about their placement reviews and are encouraged and supported to attend. Staff provide written reports to inform meetings of how children are developing and attend to give their views. However, placement reviews do not always take place where there has been a significant event in a child's life to ensure they are appropriately placed.

Outcomes from reviews are not in case files, and therefore are not included in placement plans. Where planning meetings have been convened, again minutes are not available to ensure all staff are aware of any actions identified to keep children safe.

Children moving into the home are given information about how it is to live there and they are given support and reassurance to help them adjust to living away from friends and family.

There are some examples where children are consulted, such as key worker sessions and regular children's meetings. However, not all important events are fully discussed to give children a voice about how the home operates. For example, there is evidence that bullying behaviour takes place in the home but this has not been raised in a children's meeting to look at how problems can be overcome.

Achieving economic wellbeing

The provision is satisfactory.

There are currently no children living at the home who are of an age where a formal transition into adulthood has begun. Where there are long-term plans children will stay at the home until they are aged eighteen years, staff encourage them to learn and develop life skills. For example, children tidy their bedroom and attend to personal laundry. Children enjoy helping with the shopping and cooking for the staff and children, and can, if they wish, prepare their own meals.

Children live in a comfortable, homely environment. Each child has their own bedroom that they can personalise and there is adequate communal space. The home is clean and tidy and the garden area has outdoor furniture, and a barbeque, for children to socialise.

Most of the home is furnished and decorated to a satisfactory standard. However, some areas are in need of updating. For example, the stairwell walls are badly marked and the dining room chairs are damaged and stained.

Organisation

The organisation is inadequate.

Children, parents and placing social workers are given written information about how it is to live at the home. The Statement of Purpose covers all the elements listed in Schedule 1 and the children's guide is written in a format that is suitable for the children living at the home.

Staff are sufficient in number to meet the home's Statement of Purpose. There are arrangements in place to cover the absence of the manager and where possible the regular staff team cover sick leave to ensure consistency for the children.

Staff receive regular training and feel they receive the support they need to carry out their role. Written records are kept of all training and staff receive at least 6 paid training days a year. Staff rotas allow for handover time and regular staff meetings are convened.

Regulation 33 visitors have begun to actively identify where there are issues about the care of children and these are identified in written reports. The provider ensures the monthly reports are sent to Ofsted so inspectors can monitor the performance of the home in between inspections.

The systems in place to ensure that any actions raised, during regulation 33 visits, are met are not always clear to show that measures have been taken to promote good outcomes for children. Children and staff are consulted at each visit and their views are recorded and shared with the registered persons.

Systems in place for the Registered Manager to monitor the performance of the home are inadequate. Outcomes from this inspection have highlighted that the systems do not ensure

that the national minimum standards in place to keep children safe are met. Also, there is no evidence that parents are regularly consulted about the operation of the home.

Children's records do not adequately reflect their needs, development and history. Outcomes in this report show that important documents, such as placement plans, do not describe how children are to be cared for and children's daily records do not give a detailed description of important events in children's lives.

The promotion of equality and diversity is inadequate. Children's health is not adequately promoted and they are not kept safe from harm. Systems in place to ensure the care of children is monitored are not effective and poor record keeping means children do not have a detailed description of a significant part of their childhood.

What must be done to secure future improvement?

Statutory requirements

This section sets out the actions, which must be taken so that the registered person meets the Care Standards Act 2000, The Childrens Homes Regulations 2001 and the National Minimum Standards. The Registered Provider must comply with the given timescales.

Standard	Action	Due date
27	maintain in the children's home the records specified in Schedule 4 and ensure they are kept up to date (Regulation 29 (1))	31 July 2010
17	ensure the prompt referral to the local authority in whose area the children's home is situated, any allegation or suspicion of abuse affecting any child accommodated in the children's home (Regulation 16 (2) (b))	30 June 2010
20	notify without delay the persons indicated in Schedule 5 any events listed in this schedule (Regulation 30 (1))	30 June 2010
12	promote and protect the health of children accommodated in the children's home (Regulation 20 (1))	30 June 2010
9	make suitable arrangements to ensure that the home is conducted in a manner which respects the privacy and dignity of children accommodated there (Regulation 11 (2) (a))	30 June 2010
18	prepare and implement a written policy for the prevention of bullying in the children's home (Regulation 16 (4) (a))	30 June 2010
22	ensure that within 24 hours of the use of any measure of control, restraint or discipline, a written record is made in a volume kept for the purpose that includes the information listed in this regulation (Regulation 17 (4))	30 June 2010
2	prepare in consultation with the child's placing authority a written placement plan setting out all the elements listed in this regulation (Regulation 12)	15 July 2010

26	ensure that unnecessary risks to the health or safety of children are identified and so far as possible eliminated (Regulation 23 (C))	30 June 2010
33	establish and maintain a system for monitoring the matters set out in Schedule 5 and ensure the system provides for consultation with parents of the children accommodated at the home (Regulation 34 (1) (a) and (3)).	31 July 2010

Recommendations

To improve the quality and standards of care further the registered person should take account of the following recommendation(s):

- ensure each child has a clear written health plan within their placement plan (NMS 12.2)
- ensure the consent for non-prescription medicine fully explains what medicines can be given to children and why (NMS 13.4)
- ensure children's privacy is respected and information is confidentially handled (NMS 9)
- ensure written records include any reasons given by the child about why they ran away (NMS 19.6)
- request a meeting involving the placing authority to discuss the proposed action following any notifiable incident (NMS 20.5)
- record any comments on the appropriateness of individual uses, and effectiveness, of sanctions or use of restraint and sign against each entry to confirm the monitoring has taken place (NMS 22.11)
- ensure children are assisted to develop socially acceptable behaviour through encouragement of acceptable behaviour and constructive staff responses to inappropriate behaviour (NMS 22)
- ensure there is monitoring of all visitors to the home (NMS 27)
- ensure that where children are not in full time education there is in place an educational programme during normal school hours (NMS 14.7)
- ensure contact arrangements are detailed in children's placement plans (NMS 4.2)
- ensure children's needs are reviewed regularly in the light of their care and progress at the home, and ensure that agreed outcomes are reflected in the placement plan (NMS 3)
- ensure children enjoy accommodation that is furnished and decorated to a high standard (NMS 24)
- ensure children's needs, development and progress are recorded to reflect their individuality (NMS 35).