

SC042147

Registered provider: Child First Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home's statement of purpose states that this service will accommodate up to six children between the ages of 11 and 18 years, who may have experienced a chaotic early family life, which may have included abuse, emotional neglect and exploitation.

The registered manager is suitably qualified and was registered by Ofsted in April 2019.

Inspection dates: 9 to 10 July 2019

Overall experiences and progress of children and young people, taking into account good

How well children and young people are helped and protected good

The effectiveness of leaders and managers good

Date of last inspection: 5 June 2018

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
05/06/2018	Full	Good
07/12/2016	Full	Requires improvement
25/04/2016	Interim	Sustained effectiveness
24/09/2015	Full	Good

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 registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children's home. In particular the registered person must ensure that— medicines kept in the home are stored in a secure place so as to prevent any child from having unsupervised access to them; medicine which is prescribed for a child is administered as prescribed to the child for whom it is prescribed and to no other child; and a record is kept of the administration of medicine to each child. Paragraph (2) does not apply to medicine which— is stored by the child for whom it is provided in such a way that other persons are prevented from using it; and may be safely self-administered by that child. (Regulation 23 (1)(2)(a)(b)(c)(3)(a)(b)) This is with reference to ensuring that members of staff record accurately when they have administered medication.	30/08/2019
The registered person must ensure that all employees— undertake appropriate continuing professional development; 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)(a)(b)) This is in relation to ensuring that members of staff receive training in working with unaccompanied asylum-seeking children.	30/08/2019
The registered person must prepare and implement a policy ("the missing child policy") setting out— the steps taken, and to be taken, to prevent children from being absent without permission; and	30/08/2019

the procedures to be followed, and the roles and responsibilities of persons working at the home, in relation to a child who is, or has been, so absent. Before implementing, or making an amendment which the registered person considers to be substantive to the missing child policy, the registered person must— consult, and take into account the views of, each relevant person; and have regard to any relevant local authority or police protocols on missing children. (Regulation 34 (4)(a)(b)(5)(a)(b)) This is in relation to ensuring that staff follow the agreed protocols when a young person is absent from the home.	
The registered person must ensure that— within 24 hours of the use of a measure of control, discipline or restraint in relation to a child in the home, a record is made which includes— the name of the child; details of the child’s behaviour leading to the use of the measure; the date, time and location of the use of the measure; a description of the measure and its duration; details of any methods used or steps taken to avoid the need to use the measure; the name of the person who used the measure (“the user”), and of any other person present when the measure was used; the effectiveness and any consequences of the use of the measure; and a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure; within 48 hours of the use of the measure, the registered person, or a person who is authorised by the registered person to do so (“the authorised person”)— has spoken to the user about the measure; and has signed the record to confirm it is accurate; and within 5 days of the use of the measure, the registered person or the authorised person adds to the record confirmation that they have spoken to the child about the measure. (Regulation 35 (3)(a)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(b)(i)(ii)(c)(iv)) This specifically relates to ensuring that if the registered manager is involved in a restraint, another senior member of staff or manager reviews and assesses the measure.	30/08/2019

Recommendations

- Staff should be familiar with the home's policies on record keeping and understand the importance of careful, objective and clear recording. Staff should record information on individual children in a non-stigmatising way that distinguishes between fact, opinion and third-party information. Information about the child must always be recorded in a way that will be helpful to the child. ('Guide to the children's homes regulations including the quality standards', page 62, paragraph 14.4)

This is with specific reference to ensuring that records are kept up to date accurately, in particular the details of area searches when a child is away from the home without permission and ensuring legible entries in records such as the administration of medication.

Inspection judgements

Overall experiences and progress of children and young people: good

Young people make considerable progress living at this home. They enjoy a sense of community and mutual support from each other and from adults. Strong caring relationships help the young people develop trust and a belief that the adults are genuinely concerned for their welfare.

The adults advocate strongly on behalf of the young people. This is especially relevant in their efforts to ensure that the young people receive the educational opportunities they deserve. The value of education is promoted strongly and, as a result, young people make considerable progress, especially bearing in mind their starting points. Their success and progress are celebrated and enjoyed by all.

Although members of staff ensure that young people's health needs are met, the administration and recording of medication are complicated. The system in place requires members of staff to enter some records in four different areas. This has meant that there have been errors. One entry regarding a missed dose of medication was illegible. Although this shortfall did not have a serious impact on a young person, it was an error which should have been avoided. The registered manager was taking steps to address the shortfalls in the recording system during the inspection.

Positive, trusting relationships between the young people and adults mean that there are few formal complaints. It is evident that they are able to address any issues at a low level. Young people are seen to be relaxed in staff's company and are confident to share their opinions and views.

Young people receive well-thought-through and sensitive support to develop their social and independence skills. Each young person's programme is set at a pace commensurate with their understanding and ability. Additionally, they are all encouraged to take part in enriching activities, which also enable them to develop their confidence and resilience.

Support to the young people in maintaining contact with their families is very good. Members of staff are aware that some of these visits can be a challenge and offer very carefully planned structures so that the occasions can be positive and help to build relationships.

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

Staff have a good knowledge of any risks to which the children may be vulnerable. They guide and educate them sensitively and help them to develop their understanding and

strategies so that their knowledge and confidence grow. For the most part, this is very successful, and children said that they feel safe living at this home and enjoy the care and support they receive.

There are clear guidelines and protocols in place should a child be missing. Staff are aware of the individual risks to each young person in these circumstances and implement strategies for the majority of incidents. On one occasion, staff delayed informing the police when a young person was missing for a short period of time, despite the timescale being clear in her risk assessment. Members of staff have not consistently recorded when they have tried to contact children when they have been missing. These shortfalls have not had an impact on the safe return of the children. Members of staff carry out area searches when a child is missing, but these are not recorded in sufficient detail and do not include whether specific 'hot spots' have been checked.

Staff are diligent in sharing their concerns with safeguarding agencies if they are worried about a child's well-being. This ensures that necessary responses and strategies can be put in place promptly. Professionals, such as social workers, spoke positively about the communication between members of staff and themselves. This underpins good collaborative work and promotes children's safety.

Behaviour is very well managed. Children said that they enjoy the atmosphere in the home and that the rules are sensible. Restraint is rare, there having been only seven incidents in 13 months, and the last one was three months prior to the inspection.

The last incident of physical restraint involved the registered manager. He was also involved in the monitoring and review of the incident. He has acknowledged that this should have been carried out and audited by an external manager. Nevertheless, the child was suitably protected, and the record and debriefing session included her views and her understanding of why the incident occurred.

Recruitment of new staff is sound. All necessary background checks are carried out to ensure that only adults with appropriate working histories are employed.

The effectiveness of leaders and managers: good

Children benefit from being cared for by a team of adults who are very well led. The registered manager is ambitious for the children in his care and has high expectations of children and members of staff.

Adults and managers advocate strongly and passionately for the children. Consequently, children trust the adults and feel that they will act in their best interests. External professionals spoke highly about the efforts made on behalf of the children by the staff team.

The registered manager and staff team welcome feedback and see criticism as an

opportunity to reflect on practice and to learn. This means that there is no complacency, but a willingness and drive to improve their practice and improve outcomes for those in their care.

Young people are aware of what they need to do to progress and develop their life skills and opportunities. Each young person has a bespoke plan, which is carefully considered and designed so that the staff and young people know what their aims are, their strengths and areas to develop. This leads to a sense of collaboration and an enjoyment of success.

On the whole, staff receive a variety of training, which ensures that they have the opportunity to develop the skills and knowledge they need to support the young people. However, staff would benefit from training and guidance on supporting unaccompanied minors.

Morale is good. Careful planning of admissions has led to an ethos and understanding in the home through which young people and staff have combined to ensure that group living is a positive experience. Consequently, there is a strong sense of mutual support and acceptance. 'This is like my family now,' a young person said.

Some errors in recording have not been identified during monitoring checks by the registered manager of senior members of staff. Although the mistakes have been predominantly administrative, they are missed opportunities to help staff to improve their skills in this area.

Information about this inspection

Inspectors have looked closely at the experiences and progress of children and young people. Inspectors considered the quality of work and the differences made to the lives of children and young people. They watched how professional staff work with children and young people and each other and discussed the effectiveness of help and care provided. Wherever possible, they talked to children and young people and their families. In addition, the inspectors have tried to understand what the children's home knows about how well it is performing, how well it is doing and what difference it is making for the children and young people whom it is trying to help, protect and look after.

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: SC042147

Provision sub-type: Children's home

Registered provider: Child First Limited

Registered provider address: 40 Oxford Road, Worthing, West Sussex BN11 1UT

Responsible individual: Terry Goble

Registered manager: Matthew Langley

Inspector

Paul Taylor, social care inspector

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