

Inspection report for children's home

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Inspector	Kevin Whatley
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Date of last inspection	19/01/2012
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Service information

Brief description of the service

The home is run by a private organisation. It is registered to accommodate up to six young people of either gender who have emotional and behavioural difficulties and who are unable, for the moment, to live in a family setting. The home aims to support young people to return to family, move to foster carers or to move on to independent accommodation.

The inspection judgements and what they mean

Outstanding: a service of exceptional quality that significantly exceeds minimum requirements

Good: a service of high quality that exceeds minimum requirements

Adequate: a service that only meets minimum requirements

Inadequate: a service that does not meet minimum requirements

Overall effectiveness

The overall effectiveness is judged to be **inadequate**.

The overall effectiveness of the home is inadequate. Few young people wished to express an opinion during the inspection regarding the standards of care they receive. Those that did acknowledged that they could talk to staff easily and shared some positive experiences with them. They stated that help was on offer but that they chose to engage in serious risk taking behaviours. The views of young people are not actively sought with a considerable lack of evidence that they are involved in how the home is run.

Young people admitted to the home with particularly concerning behaviours, notably in emergency situations, are not kept safe. Placement plans devised by the home contain some good information detailing the presenting needs of young people. However, these documents do not highlight an accurate picture of care, lack clear guidance for staff and are not updated to reflect significant changes in needs. Plans of care are ineffective in consistently promoting positive outcomes for young people. Behaviour management plans are not in place to address the most serious and recent episodes of risk taking behaviours with staff uncertain of how to respond to highly dangerous situations. Intervention strategies implemented to reduce risk are unclear and have had minimal impact.

Staff do not receive the necessary training relating to the specific, and often complex, health, emotional and behavioural needs of young people to enable them to develop the skills required to meet their needs. A majority of young people do not

engage in their placement at the home and make little progress as a result.

The leadership and management is poor with staff lacking sufficient guidance, while the routines and structures of the home are inconsistent. A number of requirements made at the previous inspection remain unmet with little evidence of improvements being made in other areas since that time. Monitoring procedures carried out by the Registered Manager and organisation are inaccurate and do not robustly assess the standards of care provision.

Areas for improvement

Statutory Requirements

This section sets out the actions which must be taken so that the registered person/s meets the Care Standards Act 2000, Children's Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must comply with the given timescales.

Reg.	Requirement	Due date
11 (2001)	ensure proper provision is made for the care, education and supervision of young people, in particular that they are not admitted to the home unless their assessed needs can be reasonably met (Regulation 11 (1) (B)) *	31/08/2012
33 (2001)	supply a copy of the report required to be made under paragraph (4)(c) to the HMCI (Regulation 33 (5)(a))	31/08/2012
16 (2001)	prepare and implement a written policy which is intended to safeguard children accommodated in the children's home from abuse or neglect; in particular addressing how staff can protect children from high risk behaviours including having risk assessments in place to show staff how best to protect them (Regulation 16 (1) (a))	31/08/2012
18 (2001)	review the strategies to ensure that where any child has attained the age where he is no longer required to receive compulsory full time education, the registered person assists with the making of, and gives effect to, the arrangements made for his education, training and employment (Regulation 18 (3))	31/08/2012
18 (2001)	assist with the making of, and give effect to, the arrangements made for the young person's education, training and employment in particular by ensuring that the routine of the home is organised so as to further children's participation in school activities where children are of compulsory school age, or in regular attendance at college where applicable (Regulation 18 (1) (b))	31/08/2012
21 (2001)	make suitable arrangements for the recording, handling, safekeeping, safe administration and disposal of any medicines received into the home (Regulation 21 (1))	31/08/2012
27	ensure staff receive appropriate training, supervision and	31/08/2012

(2001)	appraisal, notably in relation to meeting the health care needs of young people (Regulation 27 (4) (a))	
12 (2001)	ensure care planning processes confirm how young people will be cared for on a daily basis, in particular how their emotional and behavioural needs will be met (Regulation 12 (1) (a))	31/08/2012
17B (2001)	ensure written policies and procedures are in place which are implemented in practice, to promote appropriate behaviour (Regulation 17b (1) (b))	31/08/2012
30 (2001)	ensure that without delay the persons indicated in Schedule 5 are notified of any events as listed. (Regulation 30 (1))	31/08/2012
33 (2001)	ensure consultation with young people in the home, so as to form an opinion of the standard of care provided at the home (Regulation 33 (4) (a))	31/08/2012
34 (2001)	ensure the registered person shall supply to the HMCI a report in respect of any review conducted by him for the purposes of paragraph 1 monitoring the matters set out in schedule 6. (Regulation 34)	31/08/2012

*These requirements are subject to a compliance notice

Recommendations

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

Outcomes for children and young people

Outcomes for children and young people are **inadequate**.

Outcomes related to emotional health and helping young people to develop a positive self-view and assisting them to make progress in reducing their risk taking behaviours are inadequate. Young people living at the home with past and current histories of self harmful behaviours are escalating such behaviour to an extent where they have had to be admitted to hospital. Intervention strategies are ineffective with young people making little progress in addressing and improving their emotional resilience.

The health care needs of young people are not fully considered and planned for leaving them at risk. All required health care needs are implemented such as routine medical appointments, although attendance levels to such appointments are mixed with a number of young people refusing. Young people who have specific health care needs including epilepsy are provided with medication from their doctor, which is stored safely. However staff are not trained in what to do in situations where a seizure may take place.

Engagement by young people in their education is poor. Some young people have made good progress and have been supported to maintain good attendance at their

schools and further training placements. Young people have recently taken exams and have college placements lined up for them after the summer break. Young people have also been encouraged to work hard at their vocational learning placements and are soon to start on a work based project. However the majority of young people placed since the last inspection have failed to make any significant inroads in their learning or training, including those of school age and those above. Attendance by some young people to education has been nil since moving in and staff do not seem to be able to engage them in any aspect of education.

The views, wishes and feelings of young people are not actively sought with little evidence of them contributing to the running of the home. The Registered Manager and members of the staff team acknowledged that young people do have a say in the home and young people themselves were certainly vociferous in expressing their views. However attendance at the young person's meetings are very low with sparsely detailed minutes failing to provide any clear outcomes of such consultation processes. Similarly there is a complete lack of young person's views being obtained via monthly regulation 33 report inspections. Young people who agreed to meet with the inspector said they can talk, 'openly and easily' although could not recall one specific change in the home that had been brought about by their request.

Contact arrangements with parents and carers are established at the point of admission and known by staff. The home maintains regular liaison with all parties and keeps them informed of the progress of young people. This ensures young people keep in touch with their cultural heritage and people that are important to them.

Programmes of independence are in place for young people approaching adulthood. Some young people are currently on individualised independent living programmes which includes them cooking for themselves six days a week. Young people also acquire practical life skills to prepare them for adult life such as preparing food in the kitchen, developing personal care skills and using information technology.

Quality of care

The quality of the care is **inadequate**.

Some young people share good relationships with staff and make progress as a result. A majority of young people do not engage with the aims of their placement, fail to establish positive relationships with staff and make little progress. A number of young people have significantly increased their risk taking behaviours, while the specific needs of others recently admitted to the home are not being met.

Behaviour is mixed with relationships amongst young people appearing ambivalent. A number of the current group of young people have considerable individual needs and staff are not helping to create an environment where appropriate behaviour is the norm.

A suitable procedure is in place to address matters of concern or complaint with

young people saying they understood how to do so. No complaints have been made since the last inspection, previous complaints had been responded to appropriately.

Care planning in the home is inconsistent and at times poor. The needs of young people are assessed at the point of admission with individual care plans identifying how each young person should be supported and cared for. However the quality of such planning does not take into account the need for robust strategies to be instigated immediately, notably for those young people whose previous histories and current behaviours place them at considerable risk. Care plans for young people admitted in an emergency situation suggest they are prepared swiftly without due regard for individuality. For instance one such plan appeared to have been written over a previous care plan for a young person of a different gender.

The changing needs of young people are not incorporated into care planning once they have moved in. A review process is in place to identify progress against the initial care plan. Such reviews allow for a review which considers all aspects of individual needs. However a number of care plans had not been updated to reflect the current and indeed significant needs of young people notably in relation to issues which directly affect their self-esteem, self-worth and safety. These care plans do not provide staff with clear guidance as to how to best meet the individual needs of young people. On occasion the home use agency staffing in which case these staff would not be suitably guided as to how to care for young people who they may never have met before. This is most concerning when taken in the context of serious self-harm or other risk taking behaviours including fire setting.

Good liaison is maintained between the home and external health care professionals to assist young people with their emotional well-being. This has been particularly useful for young people with self-harming issues. However staff display a lack of understanding of such interventions. For example a number of staff did not know why a young person was required to take a sample to an appointment with the local Community Adolescent Mental Health Service, despite them accompanying them to the appointment; the reason for the process was recorded in the young person's file.

The storage and administration of medicines is inadequate and potentially places young people at risk. A suitable and safe medicines cabinet is in place, although administration of medication is poor. Records contained a number of errors including gaps when controlled medicines should have been given. Stock records of homely medicines were inaccurate and in some instances non-existent. For example stocks of pain killing tablets for one young person were incorrect and showed a number missing, while a further large stock of similar tablets was not recorded at all. Staff undertaking the administration of medicines stated they had not received training in the process.

The routines of the home do not currently provide a firm structure, although a mealtime was seen to be held which provided a reasonably calm and focused aspect of the day. Young people were seen to be encouraged to participate in activities and some have been involved in their own pursuits such as horse-riding.

Young people live in a home that provides a good standard of accommodation and facilities. The décor is of a good quality throughout with the environment offering a reasonable standard of space, comfort and homeliness. Young people are enabled to personalise their rooms, with communal areas providing a relaxed atmosphere with all modern entertainment items in place.

Safeguarding children and young people

The service is **inadequate** at keeping children and young people safe and feeling safe.

The approach toward ensuring young people are kept safe is inadequate. A suitable recruitment process ensures no staff work with young people unless all the required checks have been completed. Staff receive child protection training and display a reasonable understanding of key safeguarding issues. Young people say they feel, 'safe enough' in the home, however their highly risk taking behaviours and escalating episodes of self-harmful incidents place them at considerable risk of harm. Staff appreciate the specific vulnerabilities of the young people in their care, although intervention strategies to keep them safe are largely ineffective.

Young people do not have their challenging or risk taking behaviours addressed robustly with little evidence of progress being made in reducing their most concerning behaviours. The needs of young people are considered at the point of admission with risk assessments compiled identifying the levels of risk they present to themselves and others. However such assessments underestimate the level of risk for particular young people in a number of areas specifically self-harm and fire setting. These assessments are not up dated to reflect increased risk, escalation of significantly dangerous behaviours or new issues of concern. Similarly behaviour management plans do not provide a clear guide for staff of how to meet such needs. A number of plans failed to take any account of recent potentially life threatening behaviours, with staff uncertain of how to intervene should such events re-occur. During the inspection a number of incidents took place which staff appeared ill equipped or trained to deal with. Comments from placing social workers suggested that staff, 'do all they can', although strategies are, 'not working'.

No young person raised concerns that bullying was an issue in the home and no information was seen that suggested this was not the case.

Appropriate protocols are in place to address issues when young people leave without permission, although strategies to reduce such behaviour is less effective. Suitable procedures have been agreed with the local police in respect of instances where young people go missing. Good liaison with the police ensures all parties are aware of the most vulnerable and challenging young people. Information from the police indicates there is not an overly high number of instances when young people have to be reported as missing, although there are more occasions when young people leave without permission for short to medium periods of time including overnight. When the most vulnerable young people leave the home in an unplanned way they are shadowed by staff to ensure their safety, although during the

inspection this strategy was seen to be ineffective. Records and observations confirmed that some young people currently placed at the home, and those that have left since the last inspection, often chose to leave the home without permission.

Young people say the rules of the home are, 'fair', with sanctions given only when merited and justified. Expectations of behaviour are not always implemented consistently. The atmosphere in the home was reasonably relaxed, although at times there were occasions when the concerning behaviours of young people understandably raised tensions of staff and young people alike. In certain situations, such as mealtimes, the use of inappropriate language and attitudes by young people was not challenged by staff and therefore appeared the norm.

Staff are trained in situations that may require physical intervention and use this appropriately. Staff display a good understanding of the need to verbally de-escalate circumstances where young people may become angry, upset or frustrated. The number of restraints used since the last inspection is reasonable, with a majority implemented to keep young people safe from their own self-harming behaviour. Young people said they can talk to staff when they are feeling sad or depressed but that they do not always take notice of any advice they are given. A number of incidents had occurred where violence has been used by young people against staff which necessitated the involvement of police. Information from the police deemed any call outs to the home since the last inspection as being appropriate with no overuse of their services to maintain order.

A good approach is in place to address areas of health and safety. All required tests and servicing takes place in regard to such areas as gas and electrical installations and appliances. Fire risk assessments are completed annually. Fire safety is given a high priority with all young people involved in evacuations, while alarms and the emergency lighting system are routinely tested and maintained.

Leadership and management

The leadership and management of the children's home are **inadequate**.

The management of the home is inadequate with a clear lack of leadership and guidance in place. The Registered Manager is suitably experienced, however the significant number of shortfalls found in practice across the board, indicates ineffective and inefficient levels of management. The Registered Manager accepted this was a particularly testing and challenging period for the home with young people displaying concerning and highly risky behaviours. They were able to identify the strengths and weaknesses of the home, although there were clear differences between what was said to be good standards of care and what was actually found. The Registered Manager is currently serving a planned period of notice before leaving the organisation in a few months time; a new manager has been identified who has recently started a period of transition working alongside the current manager.

The home has made poor progress since the last inspection with minimal evidence of

the current development plan being effective in practice. A number of requirements were made at the previous inspection, notably in respect of the lack of engagement by young people in their statutory and further education or training plans. A few young people have made good progress in this area, however a majority have not and therefore these requirements have not been met. A further requirement regarding the completion of monthly monitoring visits by the organisation has been met. One recommendation was made at the last inspection concerning the need for the organisations staff induction programme to comply with current requirements. The programme has now been amended to incorporate the appropriate training expectations in line with regulation.

Monitoring of the conduct of the home by the Registered Manager and the organisation is extremely poor and potentially leaves young people at risk. The Registered Manager completes regular checks on records and key areas of care provision. These reports provide a basic review of care however, the same reports lack any significant evaluation of practice or patterns and trends in the behaviour and progress of young people; a copy of such reports has yet to be forwarded to Ofsted. Monthly inspection visits are completed by the organisation as required by regulation 33. Recently these have been carried out by a Registered Manager from the organisations other children's home. The reports indicate good standards of care in all areas which is in stark contrast to the shortfalls highlighted in this report; given such disparage such reports must be considered as wholly inaccurate. There is no evidence that young people are consulted during visits or of the progress they are making. Regulation 33 reports are kept in the staff office, although none have been received by Ofsted since January of this year.

A suitable complaints policy and procedure is in place which is outlined in the young person's guide. No complaints have been recorded since the last inspection.

The home do not meet the aims and objectives of its statement of purpose. A suitable statement of purpose is in place that highlights the aims and objectives of service provision including the protocols for emergency admissions. The lack of progress made by many young people, the significant and escalating risks they place themselves in and the lack of effective intervention strategies, suggests the home are not meeting it's own statement of purpose. An easy to understand guide is available for young people to allow them to understand the rules, routines and structures of living at the home.

Staff do not receive the training they require to meet the needs of young people. An on-going training programme is in place that provides staff with core training modules including child development, key-working, physical intervention and child protection. However the courses take place on days that not all staff can attend; the course planner shows what training is on and when but does not confirm who actually attends. During the inspection a vast majority of staff on duty over the course of two days stated they had not received medication or epilepsy training. The same staff were seen to administer controlled medicines, while young people with epilepsy were being accommodated at the time. A number of staff said they had not received key training for many years.

Record keeping is poor with errors identified in a number of key documents including medication administration logs, care plans and behaviour management plans. This in turn provides an inaccurate understanding of the lives of young people living at the home.

In general matters as required to be notified by regulation to Ofsted are forwarded appropriately. However, significant recent events that involved the admission of young people to hospital for self-harmful behaviour was not notified to Ofsted in good time.

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 to assess the effectiveness of the service and to consider how well it complies with the relevant regulations and meets the national minimum standards.

The report details the main strengths, any areas for improvement, including any breaches of regulation, and any failure to meet national minimum standards. The judgements included in the report are made against the *Inspections of children's homes – framework for inspection* (March 2011) and the evaluation schedule for children's homes.