

SC043732

Assurance visit

Information about this children's home

This local authority home looks after children on a long-term basis. All the children accommodated have an identified disability and/or a complex health or medical need. The home can accommodate up to 11 children.

There is an appropriately qualified manager in place. The manager is currently going through the process of registering with Ofsted.

Visit dates: 8 to 9 December 2020

Previous inspection date: 27 August 2019

Previous inspection judgement: 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

Children in the home have warm and nurturing relationships with the staff caring for them. Staff are skilful in adapting their approaches and communication to meet the children's needs. There was a recent outbreak of COVID-19 in the home and staff worked additional shifts to ensure that children received care from adults known to them. This provided consistency and stability in care and emphasised the dedication the team has to the children.

The physical environment is welcoming and child focused. Photographs, paintings and displays add to the homely feel and children have been involved in creating these. Some areas have been adapted to meet the sensory needs of children in the home, but this does not detract from the homely feel. Children's bedrooms are personalised and decorated to reflect their interests. Children's achievements are celebrated and displayed in the home.

All the children have education placements and are supported to attend. One child had their school placement maintained when they moved to the home. This provided security and stability to the child. The home has good relationships with schools and staff attend meetings and share information. This leads to a more consistent approach in working with the children.

Children have access to a range of professionals to support their health needs. Additional support is accessed when required to discuss emerging concerns and look at alternative strategies or support. Some children with significant health needs were kept isolated during the lockdown period to safeguard them. This was managed appropriately, and the children remained well.

Children have had access to a range of activities in the home and community. This has included, for the first time, a summer holiday to the beach. This was a positive experience for the children and the staff involved. Children are consulted with and supported to express their views, using communication which is individual to them. Children chose the colour of paints and fabrics used in the home during redecoration.

The COVID-19 lockdown was managed well. Children maintained contact with their families via telephone and video calls wherever possible. A newsletter was created and shared with social workers and families. These newsletters contained photographs and narratives of what the children had been doing. They were well received by families and professionals and allowed families to remain connected during this period.

There have been several errors in the administration of medication at the home. These have included children not being given medication at the correct time and missing doses, and out-of-date medication being administered. These errors have the potential to cause harm to the children. The manager has implemented a new system to address this concern and additional training is being sought. The current

training provided at the home does not appear to be sufficient and staff competency is not robustly checked prior to them administering medication without supervision.

The safety of children

Overall, children are kept safe in the home. Children's plans and risk assessments are individual to them, although some risk assessments would benefit from being reviewed and updated. The risks identified also detail a clear support plan to manage these risks.

Staff know the children well and they are confident in discussing their care and any current concerns. Shifts are well planned, and staff are given updates of any changes to children's care and risks. Handovers are detailed, and staff are delegated to specific areas and assigned to work with specific children. This means that staff working with the children have a clear understanding of what is expected from them during the shift.

Overall, safeguarding concerns are well managed in the home. There have been allegations against agency staff working at the home and appropriate action was taken in response to this. On one occasion, an unexplained bruise observed on a child, although reported to relevant professionals, did not have an outcome. The manager did not have clear oversight of any potential action that may have been needed in response. Evidence suggested that this bruise had occurred in school during free play, although this had not been clarified with the social worker.

Children's daily routines are recorded within their care plans. These routines provide children with consistent and stable boundaries in the home. Staff work with children to help them understand rules around social interactions and play, to try and minimise the risks of harm to themselves and others.

Leaders and managers

There is a new manager at the home and there is evidence throughout the home of positive change. Staff discussed feeling valued, supported and cared about and staff morale has improved. The manager has had individual meetings with staff to discuss their skills, knowledge and understanding of their role. This has helped the manager to identify strengths and weaknesses in the team and areas for development.

There have been noticeable changes in the physical environment. The manager is very clear that this is the children's home first and foremost. Picture displays, photographs, achievements, and artwork are displayed throughout the home.

The manager has started to implement new monitoring and auditing systems to provide clearer management oversight. The manager is supported well by the management team in the home. Specific responsibilities are delegated to senior staff, which will support professional development of the team.

There are some shortfalls within staff training, particularly in mandatory training such as safeguarding. The manager has reviewed training in the home and has

identified areas for development and has implemented a plan for the completion of training.

Not all staff receive regular formal supervision. This minimises the opportunities for practice to be discussed and reflected on. The manager has identified shortfalls within the training of those who supervise others and has a plan to improve this. The manager has a peer mentor and is receiving an induction and support from them.

The home has good relationships with other professionals and external agencies. Positive feedback about the home was received from professionals, who are pleased with the progress that children are making. Communication was described as good.

The manager has a clear plan for development and improvement of the home and care provided.

Not all of the previous requirements set were reviewed during this visit. These requirements have been reset and will be reviewed at the next inspection.

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 protection of children standard is that children are protected from harm and enabled to keep themselves safe. In particular, the standard in paragraph (1) requires the registered person to ensure— that the effectiveness of the home's child protection policies is monitored regularly. (Regulation 12 (1)(2)(e)) This particularly relates to ensuring that outcomes from any recorded concern are monitored and recorded when concluded.	1 February 2021
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—	1 February 2021

ensure that staff have the experience, qualifications and skills to meet the needs of each child. (Regulation 13 (1)(a)(b)(2)(c)) In particular, this refers to staff completing mandatory training, such as safeguarding. It also relates to staff having a robust assessment of their skills and knowledge in the administration of medication.	
Medicines The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children's home. (Regulation 23 (1)) This relates to errors in the administration of medication to children in the home.	1 February 2021
Fitness of workers The registered person must recruit staff using recruitment procedures that are designed to ensure children's safety. The registered person may only— employ an individual to work at the children's home; or if an individual is employed by a person other than the registered person to work at the home in a position in which the individual may have regular contact with children, allow that individual to work at the home, if the individual satisfies the requirements in paragraph (3). The requirements are that— the individual is of integrity and good character; the individual has the appropriate experience, qualification and skills for the work that the individual is to perform; the individual is mentally and physically fit for the purposes of the work that the individual is to perform; and full and satisfactory information is available in relation to the individual in respect of each of the matters in Schedule 2. For the purposes of paragraph (3)(b), an individual who works in the home in a care role has the appropriate qualification if, by the relevant date, the individual has attained— the Level 3 Diploma for Residential Childcare (England) ("the Level 3 Diploma"); or	1 April 2021

a qualification which the registered person considers to be equivalent to the Level 3 Diploma. (Regulation 32 (1)(2)(a)(b)(3)(a)(b)(c)(d)(4)(a)(b))	
Employment of staff The registered person must ensure that all employees—receive practice-related supervision by a person with appropriate experience. (Regulation 33 (4)(b)) This relates to staff receiving regular formal supervision.	1 April 2021

Children's home details

Unique reference number: SC043732

Registered provider: Lincolnshire County Council

Registered provider address: County Offices, Newland, Lincoln, Lincolnshire LN1 1YL

Responsible individual: Janice Spencer

Registered manager: Post vacant

Inspector

Sarah Orriss, Social Care Inspector

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