

SC052744

Registered provider: Quality Protects Children Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This service provides residential accommodation for up to five young people who have a learning disability. The home is owned by a private company.

Inspection dates: 20 to 21 June 2017

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 **requires improvement to be good**

The children's home provides effective services that meet the requirements for good.

Date of last inspection: 21 March 2017

Overall judgement at last inspection: Improved effectiveness

Enforcement action since last inspection

None

Key findings from this inspection

This children's home is good because

- The young people receive highly personalised, child-focused care which meets their complex individual needs. They make strong individual progress in their lives, enjoying improved health and well-being, because young people's well-

being is at the centre of the care delivered.

- The young people feel safe and well cared for. They are happy and enjoy living at the home.
- Young people learn to manage their own behaviour and to develop their self-confidence and esteem. They develop new skills and improve their abilities to help them to enjoy their lives more.
- A wide variety of stimulating activities are available, and young people enjoy opportunities to experience new things.
- Effective behaviour management strategies and a consistency of approach have meant that some young people have made a noticeable improvement in their behaviour.
- Relationships between staff and young people are caring and supportive.
- Young people, parents and professionals hold this setting in very high regard. This demonstrates

The children's home's areas for development

- Physical interventions are not routinely recorded. This is contrary to the home's own policies and procedures.
- Some of the records at the home are variable in quality and lack sufficient detail. For example, the room search documentation has not been updated.
- Some staff have not received supervision within the timescales set out in the home's own policies and procedures.
- Some staff's training has not been updated to meet the individual needs of young people, for example with regard to self-harm. Furthermore, the domestic staff have not received safeguarding training.
- The monitoring and review of the quality of care in the home are not routinely carried out.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
21/03/2017	Interim	Improved effectiveness
14/12/2016	Full	Requires improvement
01/03/2016	Interim	Sustained effectiveness
21/07/2015	Full	Requires improvement

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
13: The leadership and management standard 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- Ensure that the staff have the experience, qualifications and skills to meet the needs of each child: 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; and use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13(2)(c)(f)(g)) In particular, ensure all staff, including domestic staff, have safeguarding training and ensure an up to date training matrix is available within the home. Also, ensure that management systems are utilised within the home to monitor and review the quality of care provided.	31/07/2017
33: Employment of staff 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)(c)) In particular, ensure that staff who are still within their probationary period receive supervision within the timescales set out in the providers own policies and procedures.	31/07/2017
35: Behaviour management policies and records The registered person must prepare and implement a policy ("the behaviour management policy") which sets out how appropriate	31/07/2017

behaviour is to be promoted in the children's home; and the measures of control, discipline and restraint, which may be used in relation to children in the home.

The registered person must keep the behaviour management policy under review and, where appropriate, revise it.

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;

Also, ensure that 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(1)(a)(b)(2)(3)(a)(b)(c)(4))

36: Children's case records

The registered person must maintain records ("case records") for each child, which include the information and documents listed in Schedule 3 in relation to each child; are kept up to date; and are signed and dated by the author of each entry. (Regulation 36(1)(a)(b)(c))

31/07/2017

Inspection judgements

Overall experiences and progress of children and young people: good

While living at the home young people are making good progress in developing life skills that help them to improve their personal and social interaction. Staff support young people to form positive relationships with peers and others. Young people report that they have a trusted adult whom they can confide in and gain support and advice from, when needed. Staff listen for and seek the views of young people, exploring the key issues that affect them.

Staff have registered young people with a range of external services such as general practitioners, opticians and dentists. They proactively liaise with external colleagues to review each young person's physical health and matters of well-being. Health plans help the team to keep up to date with each young person's specific health issues. Having these prioritises their unique needs and results in them making significant progress in meeting agreed milestones. For example, a young person has lost a stone in weight as part of a plan that incorporated healthy eating and increased physical activity. The young person proudly commented, 'I eat healthily now and I've lost weight, that's good for me.' Another young person, whose self-harming behaviour had significantly escalated, was referred to the appropriate child and adolescent mental health services (CAMHS) and is now receiving support promptly. A social worker commented, 'I was very impressed at how quickly they (the staff) got the CAMHS appointment, and they sent me the revised self-harm risk assessment for my agreement.' This continued focus on maintaining individual health plans ensures that young people's health needs are at the forefront of care planning.

Staff are skilled and creative in communicating with young people, whatever their means of communication. An example is the excellent use of a recognised augmentative key-word signing communication system. Its use has resulted in a young person who previously had been non-verbal now being able to communicate using a small number of words. A parent commented, 'It's been amazing hearing him and he now has eye contact with us'. A psychiatrist commented, 'His speech has improved markedly'. This example demonstrates how well the staff team understands individual young people's communication needs and empowers young people with impaired communication needs to express their own needs, choices and desires.

Education is well supported. All young people have an identified education provision. Attendance is excellent, for the vast majority. Staff have plans in place to support those choosing not to engage in education. They have sourced a varied programme of exciting and interesting activities to try to encourage and engage young people in education. For example, one young person who has an interest in history undertook a structured piece of work at the local museums on the slave trade in the city. Another young person has achieved certificates in rock climbing as part of her education programme. The tailored education plans have worked well for young people. The plans take into account their learning difficulties and have resulted in an increase in attendance by both young people.

Staff support and nurture young people's relationships with their families, friends and

others who are important to them. The young people have regular contact that is subject to careful assessment and monitoring, and that is deemed to be in their best interests. Staff members promote contact by providing the young people with both practical and emotional support. When contact is considered appropriate, staff supervise the young people and their families sensitively. Consequently, young people enjoy good-quality, safe contact with family and friends in the knowledge that staff are on hand to provide any assistance that may be required.

The home provides young people with a multitude of experiences that enrich their lives, within both the home and in the community. For example, a young person is currently in training for the Race for Life five-kilometre charity event. She has designed tee shirts for the upcoming event for herself and staff members to wear. Furthermore, young people enjoy time as a group, playing golf and visiting the local skate park. Another young person enjoys spending time with his family and staff at rugby matches, supporting his local team.

When young people move on to other services, staff work exceptionally well with the new provider to ensure that young people's needs and preferences are known. For example, a young person who has a move planned to adult provision in her placing authority has received excellent support. A staff member has travelled to London with her to enable overnight stays at her new supported living accommodation. During this time, the staff member took the young person on the Underground to familiarise her with it, walked around the area of her new home, and shared her likes and dislikes with her new carer. This has assisted in allaying her concerns and worries, and has helped to achieve a planned transition.

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

Young people feel safe and are kept safe. They appear comfortable and relaxed around the staff caring for them. Young people commented, 'I love it here', 'the staff keep us safe', 'the staff make me smile' and 'they (staff) are great and really look after us'.

Staff work in partnership with other agencies to improve safeguarding. For example, the staff team makes use of information from local police intelligence about any particular concerns in the area or local community which may affect the safety or welfare of young people.

Staff are calm and consistent in their approach to supporting young people in times of high anxiety. For example, during the inspection, a member of staff was observed supporting a young person whose behaviour was escalating due to her heightened state of agitation. The member of staff sensitively removed the young person from any distractions and sat calmly in the garden with her. Very quickly, the young person was seen to be relaxed, laughing and chatting with the member of staff. The member of staff later commented, 'I could see the escalation and sometimes the young people just need some space and to feel as though they are listened to, so I just listened to her'. This example demonstrates how well staff are able to gauge young people's frame of mind and quickly respond to their individual needs.

Staff are adept at meeting and supporting the individual emotional needs of young people. For example, a young person recently experienced the death of a close family member. Staff sensitively supported the young person, and in doing so they were mindful of his level of understanding. They used creative methods to ensure that he was prepared for contact meetings with his family after the death. They appropriately made use of photographs to ensure that the young person was reminded that his relative would not be there at the visit and why. This ensured that neither the young person nor family members were put under any further distress. A relative commented: 'They (staff) were fantastic. They told him of the death and did it so sensitively. I can't thank them enough.'

The staff team understands how to safeguard young people, including those who are additionally vulnerable because of their learning disabilities and presentation of autistic spectrum disorder. They receive regular training in this area. Safeguarding young people is a key component of care planning and delivery. However, the manager has not extended the comprehensive safeguarding training or the whistleblowing policy and procedures to the domestic staff working within the home. This means that not all staff working within the home are equipped with the knowledge of the procedures to be followed in relation to safeguarding young people.

The home's care planning process includes arrangements to identify and address the potential individualised risks posed to young people in their day-to-day care and activities. Placement plans set out in detail how staff should approach and interact with them. For example, the plans for young people are very specific about how they like to communicate and how this differs when they are distressed. This is important, as it helps staff to prevent the young person from becoming distressed and the possible challenge arising from this. Staff are trained in the home's preferred method of behaviour management. Plans provide detail about triggers, behaviours and how to support the young person following an incident. In the main, records of incidents of physical intervention are well recorded, with staff review and management evaluation included. However, one incident of physical intervention was not recorded in the correct documentation. The incident was recorded fully on an incident sheet, with all appropriate management overview included. The manager acknowledged this oversight, and the incident was subsequently recorded on the relevant physical intervention documentation on the day of inspection.

The physical environment is safe and protects young people from accidental injury. Health and safety processes are robust. Each young person has a detailed individual risk assessment that staff understand. As a result, the home is able to take all necessary steps to reduce the likelihood of young people being at risk of harm. Environmental risk assessments accurately reflect identified risks and potential hazards. Young people and staff understand fire safety systems and how to respond in emergencies. The safety of young people is promoted further through good environmental health and food safety processes.

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

The home is currently managed by an interim manager who is in the process of registering with Ofsted. This is the third person to manage the home within a six-month period. This inconsistency in the management has meant that processes and procedures have changed, as each new manager has implemented their own management style. The provider should seek to consolidate this position to enable a consistent management approach to be embedded within the home. However, staff and social workers all speak highly of the new interim manager's knowledge and experience. A social worker said: 'I am very impressed. She really is experienced, and it is evident that she is knowledgeable about autism and how best to work with the young people.' A staff member commented, 'The new manager brings a wealth of knowledge to our team.'

Although there have been some improvements in the records, this is a further area that requires improvement. For example, room search forms had not been fully completed and some did not have any management oversight documented. Improvements in this area will ensure that plans clearly demonstrate the day-to-day care needs of all young people. In addition to this, records need to be regularly reviewed, dated and signed by the author of any changes. This will ensure that records are up to date and truly reflect the progress and experiences of young people.

Internal quality assurance still does not take place regularly. Therefore, some shortfalls have not been addressed. However, the new manager has now begun to work on this to ensure that the quality of care provided is regularly monitored and reviewed. This will help to identify patterns and trends, and will improve the overall quality of care provided to young people.

Team meetings take place regularly. This allows the staff team to discuss the running of the home and to look at ways to improve the service that it offers. Staff also use this time to reflect on young people's progress and to decide how best to support them to reduce risks such as self-harming behaviours. Staffing levels are good and rotas clearly show the management arrangements that are in place on a daily basis. The staff team speaks positively of the support that it receives from management at the home. Staff members commented, 'There is very good communication in the team and the manager is very supportive.' However, the inspection identified that formal supervision has not taken place at regular intervals for all staff. This does not provide sufficient opportunities to review if, or how, staff are contributing to young people achieving improved outcomes.

The provider has a centralised training matrix document for the home. This document was not up to date, thus the manager was unable to have a clear overview of the staff's training needs. Furthermore, staff had not received training in self-harm, despite some young people displaying self-harming behaviour.

The manager and staff are proud of the progress that young people have made since moving into the home. They demonstrate a commitment to making further improvement in the lives of the young people. They take pride in the young people's achievements and celebrate difference. A staff member commented, 'We see the child beyond the

behaviour and work with the child, and recognise that they are all different and have individual needs.'

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 difference 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: SC052744

Provision sub-type: Children's home

Registered provider: Quality Protects Children Limited

Registered provider address: Quality Protects Children Limited, Hill House, Archway Road, Huyton, Liverpool L36 9XB

Responsible individual: Anthony Nolan

Registered manager: Post vacant

Inspector

Elaine Allison, social care inspector

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Piccadilly Gate
Store Street
Manchester
M1 2WD

T: 0300 123 1231
Textphone: 0161 618 8524
E: enquiries@ofsted.gov.uk
W: <http://www.gov.uk/ofsted>

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