SC061810

Registered provider: Cumbria County Council

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is managed by the local authority. It is registered to provide care for up to six children of either gender.

The current manager has been registered with Ofsted since 19 March 2018.

Due to COVID-19, at the request of the Secretary of State, we suspended all routine inspections of social care providers carried out under the social care common inspection framework (SCCIF) on 17 March 2020. We returned to routine SCCIF inspections on 12 April 2021.

We last visited this setting on 27 January 2021 to carry out a monitoring visit. The report is published on the Ofsted website.

Inspection dates: 9 and 10 November 2021

Overall experiences and progress of children and young people, taking into account	**inadequate**
How well children and young people are helped and protected	inadequate
The effectiveness of leaders and managers	inadequate

There are serious and widespread failures that mean children are not safeguarded. The care and experiences of children are poor, and they are not making progress.

Date of last inspection: 5 March 2020

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
05/03/2020	Full	Good
09/05/2018	Full	Good
02/05/2017	Full	Good
19/01/2017	Interim	Sustained effectiveness

Inspection judgements

Overall experiences and progress of children and young people: inadequate

Children living in this home do not benefit from positive routines or structure. Children's sleep routines are disrupted and disorganised, resulting in them often sleeping during the day and being awake at night. Children often spend long periods of time in their bedrooms and avoid positive engagement in the home. These poor daily routines and sleep patterns negatively affect children's overall well-being, progress and experiences.

Children do not have access to full-time education. One child is refusing to engage in all formal education. While staff are attempting to provide him with opportunities for informal learning, this child's progress and engagement have significantly declined. Other children have reduced timetables. One child has been living in the home for over five months and has not yet had access to a full-time programme that meets his needs. Children are not motivated to attend or engage in learning, and this is made worse by the poor routines observed. This does not help children to achieve or gain the required skills or qualifications necessary for their future.

Children's health needs are not being met. Significant and prolonged health issues have not been addressed. . Another child has not yet received ongoing treatment for an inj and continues to have issues with his mobility. Furthermore, another child was in discomfort because of incomplete dental treatment.

Children's substance misuse has significantly increased while living in the home. Children have been reported to consume alcohol, misuse prescription medication and smoke cannabis. They have also told staff they have taken illicit substances such as MDMA, methadone and crack-cocaine. Children have smoked cigarettes and cannabis in the home and on occasions have barricaded themselves in rooms with their peers to smoke. On two occasions, staff have observed children acting erratically or out of character, when they were believed to be under the influence of illegal substances. They displayed unsafe behaviours such as walking in front of cars and acting aggressively during these incidents. Staff did not seek advice or guidance from medical professionals to ensure children's health was assessed and that appropriate action was taken to ensure their welfare and well-being.

Children have had detrimental effects on each other's progress. Relationships between children in the home have not been positive. Children's plans have been adapted because of the behaviours displayed by others.. This does not demonstrate the positive, planned care necessary to support positive experiences and progress for children.

Children have regular visits to those who are important to them. Positive family time has been supported, arranged and encouraged by staff. As a result, children are having improved and increased time with their families outside of the home.

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

Children's risks, in general, increase while they live in this home. Behaviour support plans which guide staff to manage risk are not robust and do not include clear strategies to guide staff to manage children's risk-taking behaviours. Shortfalls in clear direction and guidance for staff have reduced their ability to effectively de-escalate incidents and manage challenging behaviours presented by children.

Risk assessments are not reflective of the current risks to children or the behaviours they display. Additionally, not all the necessary risk assessments are in place. On several occasions, a child was found to have weapons, including knives, a cut-throat razor and various other home-made weapons. No risk assessment is in place to assess or manage the risk presented by weapons, despite the substantial risks to safety and the increased likelihood of this child being criminalised.

Children have been able to engage in negative and sexual relationships with each other in the home without staff taking effective action to prevent this or mitigate the risk of harm caused by this relationship. This does not promote appropriate and safe relationships between children and prevents the home from being a place of safety and security.

Children have been missing from home on several occasions. At such times, children were at risk of serious harm from substance misuse, criminality and risks posed by relationships with others. When children go missing, staff are not proactive. They do not look for children or make serious attempts to find out where they are. This does not reflect a caring, nurturing or safe home that children deserve.

Incidents when children have used aggressive and coercive behaviours towards others have not been identified as bullying or recorded as such. When children have been violent towards others, there has been no effective action taken to respond to this. For example, one child assaulted another, exacerbating a pre-existing injury. Following this, both children were later allowed to spend time together unsupervised. This does not demonstrate that violence between children is managed in a way which reduces such behaviours and does not ensure that children living in this home are not subjected to harm.

Children appear to be beyond the control of staff. Children do not have trusting relationships with staff, demonstrate respect for them or follow their direction. This is because staff do not have clear direction or the skills to manage children's behaviour. On one occasion, staff attempted to physically intervene when a child was displaying violent behaviour towards another. This intervention was intercepted by another child who stopped staff preventing an assault. The impact of this is that children observe staff to be able to keep them safe and they do not learn how to regulate their own behaviour.

The effectiveness of leaders and managers: inadequate

At the last inspection, a requirement and recommendation were made around the home's environment and children's access to communal areas. While some improvements have been made, children are not benefiting from these and still did not have free access to all communal areas in the home because of damage and ongoing maintenance. Not all areas of the home represent a safe, homely environment. One child's bedroom contained broken furniture and cigarette ends and several windows were boarded up. Because of this, this requirement and recommendation have been restated.

Further requirements made at the monitoring visit in January 2021 have not been met. Inspectors found shortfalls in the manager's monitoring and oversight. For example, the manager had failed to identify that children's risk assessments did not accurately reflect their level of risk. The lack of comprehensive monitoring also meant that not all necessary risk assessments for children are in place and that serious incidents have not been reviewed or evaluated effectively.

The required monitoring and review from the regulator have also been hindered. This is because the manager has failed to notify Ofsted regarding several serious incidents observed at the inspection. This has hindered children's protection and prevents the oversight required by regulation.

Staff do not have the necessary skills or knowledge to meet the needs of the children that they care for. For example, staff have not received training in areas such as substance misuse, children going missing from home and bullying. This has had an impact on staff's ability to respond to incidents in the home adequately and has led to poor behaviour management and a decline in children's safety.

Staffing levels are not sufficient to meet the needs of children in the home. On occasions, staff have stayed up throughout the night following a full shift. There have also been instances when staff have slept on the floor to monitor children due to a lack of waking-night staff. Additionally, there have not been sufficient staff to adequately monitor children's sexual relationships in the home. The lack of appropriate staffing has also prevented staff from returning children to the home following incidents of them going missing.

Not all complaints are recorded. One child's parent had raised issues with the independent person in relation to the care provided to her child. This has not been written up, investigated or responded to. A formal complaint was received by Ofsted. This was robustly responded to and a clear action plan was outlined. However, the actions identified were not fully implemented.

Concerns for children's welfare and incidents in the home are not adequately documented. Serious incidents are recorded in children's daily diaries and lack clarity and key information. This reduces oversight of the frequency and severity of incidents as well as observed trends and patterns. The absence of adequate

monitoring and review of significant and serious incidents in the home has resulted in a lack of action taken to reduce risk and improve the quality of care.

Senior leaders and managers with responsibility for this home have taken the shortfalls and concerns identified at this inspection seriously. They want to return the home and the care afforded to children to previous standards and are ensuring the necessary oversight to do so.

A requirement made at the last visit relating to medication was not specifically addressed at this inspection. This is, therefore, carried over until the home has its next full inspection in line with the social care common inspection framework (SCCIF).

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 education standard is that children make measurable progress towards achieving their educational potential and are helped to do so. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff— help each child to achieve the child's education and training targets, as recorded in the child's relevant plans; understand the barriers to learning that each child may face and take appropriate action to help the child to overcome any such barriers. (Regulation 8 (1) (2)(a)(i)(iii))	10 December 2021
*The health and well-being standard is that— the health and well-being needs of children are met; children receive advice, services and support in relation to their health and well-being; and children are helped to lead healthy lifestyles. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff help each child to— achieve the health and well-being outcomes that are recorded in the child's relevant plans; understand the child's health and well-being needs and the options that are available in relation to the child's health and well-being, in a way that is appropriate to the child's age and understanding;	10 December 2021

take part in activities, and attend any appointments, for the purpose of meeting the child's health and well-being needs; and understand and develop skills to promote the child's well-being. (Regulation 10 (1)(a)(b)(c) (2)(a)(i)(ii)(iii)(iv))	
*The positive relationships standard is that children are helped to develop, and to benefit from, relationships based on— mutual respect and trust; an understanding about acceptable behaviour; and positive responses to other children and adults. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff— encourage each child to take responsibility for the child's behaviour, in accordance with the child's age and understanding; help each child to develop and practise skills to resolve conflicts positively and without harm to anyone; help each child to understand, in a way that is appropriate according to the child's age and understanding, personal, sexual and social relationships, and how those relationships can be supportive or harmful; help each child to develop the understanding and skills to recognise or withdraw from a damaging, exploitative or harmful relationship; strive to gain each child's respect and trust; de-escalate confrontations with or between children, or potentially violent behaviour by children; understand and communicate to children that bullying is unacceptable; and	10 December 2021

have the skills to recognise incidents or indications of bullying and how to deal with them. (Regulation 11 (1)(a)(b)(c) (2)(a)(iii)(iv)(vi)(vii)(viii)(xi)(xii)(xiii))	
*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 staff— assess whether each child is at risk of harm, taking into account information in the child's relevant plans, and, if necessary, make arrangements to reduce the risk of any harm to the child; help each child to understand how to keep safe; have the skills to identify and act upon signs that a child is at risk of harm; manage relationships between children to prevent them from harming each other; understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person; take effective action whenever there is a serious concern about a child's welfare; and that the home's day-to-day care is arranged and delivered so as to keep each child safe and to protect each child effectively from harm; that the premises used for the purposes of the home are designed, furnished and maintained so as to protect each child from avoidable hazards to the child's health; and that the effectiveness of the home's child protection policies is monitored regularly. (Regulation 12 (1) (2)(a)(i)(ii)(iii)(iv)(v)(vi)(b)(d)(e))	10 December 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—	10 December 2021

helps children aspire to fulfil their potential; and promotes their welfare. In particular, the standard in paragraph (1) requires the registered person to— lead and manage the home in a way that is consistent with the approach and ethos, and delivers the outcomes, set out in the home's statement of purpose; ensure that staff have the experience, qualifications and skills to meet the needs of each child; ensure that the home has sufficient staff to provide care for 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; use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(a)(b) (2)(a)(c)(d)(f)(h))	
The care planning standard is that children— receive effectively planned care in or through the children's home; and have a positive experience of arriving at or moving on from the home. (Regulation 14 (1)(a)(b))	10 December 2021
The registered person must ensure that— children can access all appropriate areas of the children's home's premises. (Regulation 21(a)) Specifically, ensure children have free access to all communal areas in their home. This requirement was made at a previous inspection and is restated.	10 December 2021

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— medicine which is prescribed for a child is administered as prescribed to the child for whom it is prescribed and to no other child. (Regulation 23 (1) (2)(b)) This requirement was made at a previous inspection. Progress towards meeting this was not reviewed during this inspection, therefore this requirement is restated.	10 December 2021
The registered person must ensure that a record is made of any complaint, the action taken in response, and the outcome of any investigation. (Regulation 39 (3))	
The registered person must notify HMCI and each other relevant person without delay if— a child is involved in or subject to, or is suspected of being involved in or subject to, sexual exploitation; an incident requiring police involvement occurs in relation to a child which the registered person considers to be serious; there is an allegation of abuse against the home or a person working there; a child protection enquiry involving a child — is instigated; or concludes (in which case, the notification must include the outcome of the child protection enquiry); or there is any other incident relating to a child which the registered person considers to be serious. (Regulation 40 (4)(a)(b)(c)(d)(i)(ii)(e))	10 December 2021

*These requirements are subject to a compliance notice.

Recommendation

- For children's homes to be nurturing and supportive environments that meet the needs of their children, they will, in most cases, be homely, domestic environments. Children's homes must comply with relevant health and safety legislations (alarms, food hygiene etc.); however, in doing so, homes should seek as far as possible to maintain a domestic rather than 'institutional' impression. ('Guide to the children's homes regulations, including the quality standards', page 15, paragraph 3.9) This recommendation was made at the previous inspection and is restated.

Information about this inspection

Inspectors have looked closely at the experiences and progress of children and young people, 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: SC061810

Provision sub-type: Children's home

Registered provider: Cumbria County Council

Registered provider address: Cumbria County Council, Cumbria House, 117 Botchergate, Carlisle CA1 1RD

Responsible individual: Lynn Berryman

Registered manager: Cheryl Athersmith

Inspectors

Natalie Bennett, Social Care Inspector
Charlie Bamber, Social Care Inspector

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