SC063683

Registered provider: Manchester City Council Local Authority

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This is a local authority-run home that accommodates up to six children who may have emotional and/or behavioural difficulties. At the time of the inspection, four children were living at the home.

Inspection dates: 11 to 12 July 2017

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 and young people are not protected or their welfare is not promoted or safeguarded. The care and experiences of children and young people are poor and they are not making progress.

Date of last inspection: 2 March 2017

Overall judgement at last inspection: Declined in effectiveness

Enforcement action since last inspection

None

Key findings from this inspection

This children's home is inadequate because:

- Leadership and management of the home is poor. Children are admitted to the home even when the registered manager's impact risk assessment shows that the home cannot meet their needs.
- Children have additional and unnecessary placement moves because the home is not suitable for them and cannot keep them safe. Their behaviour negatively impacts on other children's safety and welfare.
- Delays in local authority care planning leads to placement drift. Children remain at the home when this is clearly not in their best interests. Consequently, the children's safety and welfare are compromised and they do not receive the level of care that they are entitled to.
- The home's efforts to dissuade children from misusing substances are not effective. Some children's substance misuse is high and other children are drawn into substance misuse. This is harmful to their health and impacts negatively on all aspects of their lives.
- Despite staff guidance, children frequently go out late at night and their whereabouts are often unknown. They cause significant disturbance in the neighbourhood during the night. Behaviour management strategies are not effective in reducing this behaviour.
- Children's engagement in criminal and anti-social behaviour escalates as they are drawn into crime by others living at the home. They become increasingly involved in the criminal justice system. Staff have been unable to prevent serious assaults and damage.
- Since the last full inspection, there have been 364 missing incidents. The very high frequency of children going missing means that their safety and welfare are at risk.
- Children's engagement in education is poor or deteriorating. For most children, their days are not well structured and some stay in bed all morning. This does not equip them well for the future.
- Although the home's statement of purpose has been updated, it has not been shared with Ofsted. This means that the regulator does not have up-to-date information about the changes in the home and in the staff team that have taken place since the last full inspection.
- Staff are not well supported because they do not receive formal one-to-one supervision.
- The pace of addressing shortfalls in the service is slow. The recommendations raised at the interim inspection have not been met.

The children's home's strengths:

- The manager and deputy manager are proactive in challenging partner agencies and social work teams to improve those agencies' services to children. The home shares good-quality information with relevant people and challenges drift in children's placements. There is an emerging sharper focus on shortfalls in care planning and drift in children's placements.
- To improve the quality of care, the provider has arranged for senior managers to provide additional support, challenge and oversight to the management team.
- The manager and staff team are very committed to the children in the home. They respond to children with warmth, patience, kindness and good humour. They provide appropriate advice, guidance and continuous encouragement.
- Good health and safety, security and fire safety arrangements promote children's health and welfare on the premises.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
02/03/2017	Interim	Declined in effectiveness
17/08/2016	Full	Good
30/03/2016	Interim	Sustained effectiveness
20/01/2016	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 with the given timescales.

Requirement	Due date
(8) The education standard is that children make measurable progress towards achieving their educational potential and are helped to do so. This requirement relates to ensuring children's educational arrangements are regularly reviewed and amended when children are not engaging in education and to providing appropriate facilities, including a computer to assist children to engage in education. (8)(2) In particular, the standard in paragraph (1) requires the registered person to ensure— (a) that staff— (vii) raise any need for further assessment or specialist provision in relation to a child with the child's education or training provider and the child's placing authority; (viii) help a child who is excluded from school, or who is of compulsory school age but not attending school, to access educational and training support throughout the period of exclusion or non-attendance and to return to school as soon as possible; (x) help each child to attend education or training in accordance with the expectations in the child's relevant plans; and (b) that each child has access to appropriate equipment, facilities and resources to support the child's learning. (Regulation 8)	30/09/2017
(11) The positive relationships standard is that children are helped to develop, and to benefit from, relationships based on— 11(a) mutual respect and trust; (b) an understanding about acceptable behaviour; and (c) positive responses to other children and adults. (2) In particular, with a view to forming strong, influential relationships that enable to staff to manage children's behaviour effectively, the standard in paragraph (1) requires the registered	01/09/2017

person to ensure— (a) that staff— (i) meet each child's behavioural and emotional needs, as set out in the child's relevant plans; (ii) help each child to develop socially aware behaviour; (iii) encourage each child to take responsibility for the child's behaviour, in accordance with the child's age and understanding; (vii) help each child to develop the understanding and skills to recognise or withdraw from a damaging, exploitative or harmful relationship; (viii) strive to gain each child's respect and trust; (ix) understand how children's previous experiences and present emotions can be communicated through behaviour and have the competence and skills to interpret these and develop positive relationships with children; (x) are provided with supervision and support to enable them to understand and manage their own feelings and responses to the behaviour and emotions of children, and to help children to do the same; and (b) that each child is encouraged to build and maintain positive relationships with others. (Regulation 11)	
(12) The protection of children standard is that children are protected from harm and enabled to keep themselves safe. 12(2) In particular, in relation to assessing risks and placement matching, the standard in paragraph (1) requires the registered person to ensure— (a) that staff— (i) 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; (iii) have the skills to identify and act upon signs that a child is at risk of harm; (iv) manage relationships between children to prevent them from harming each other; (v) understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person;	01/09/2017

(vi) take effective action whenever there is a serious concern about a child's welfare; and (b) 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; (c) that the premises used for the purposes of the home are located so that children are effectively safeguarded; and (e) that the effectiveness of the home's child protection policies is monitored regularly. (Regulation 12)	
(13) The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children's home that— 13(a) helps children aspire to fulfil their potential; and (b) promotes their welfare. (2) In particular, the standard in paragraph (1) requires the registered person to— (a) 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; (b) ensure that staff work as a team where appropriate; (f) 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; (g) demonstrate that practice in the home is informed and improved by taking into account and acting on— (i) research and developments in relation to the ways in which the needs of children are best met; and (ii) feedback on the experiences of children, including complaints received; and (h) use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13)	01/09/2017
*(14) The care planning standard is that children— 14(a) receive effectively planned care in or through the children's home; and (b) have a positive experience of arriving at or moving on from the home. (2) In particular, the standard in paragraph (1) requires the	01/09/2017

registered person to ensure— (b) that arrangements are in place to (i) ensure the effective induction of each child into the home; (ii) manage and review the placement of each child in the home; (iii) plan for, and help, each child to prepare to leave the home or to move into adult care in a way that is consistent with arrangements agreed with the child's placing authority. (Regulation 14)	
(16) The registered person must— 16(b) notify HMCI of any revisions to the home's statement of purpose and send HMCI a copy of the revised statement within 28 days of the revision. (5) Subject to paragraph (6), the registered person must ensure that the home is at all times conducted in a manner which is consistent with its statement of purpose. (6) Nothing in paragraph (5) or regulation 46 (review of premises) requires or authorises the registered person to contravene or not comply with— (a) any other provision of these Regulations; or (b) any conditions in relation to the registration of the registered person under Part 2 of the Care Standards Act 2000. (Regulation 16)	01/09/2017
(33) The registered person must ensure that all employees— 33(4)(a) undertake appropriate continuing professional development; (b) receive practice-related supervision by a person with appropriate experience. (Regulation 33(4))	01/09/2017
(45) The registered person must complete a review of the quality of care provided for children ("a quality of care review") at least once every 6 months. 45(2) In order to complete a quality of care review the registered person must establish and maintain a system for monitoring, reviewing and evaluating— (b) the feedback and opinions of children about the children's home, its facilities and the quality of care they receive in it; and (c) any actions that the registered person considers necessary in order to improve or maintain the quality of care provided for children. (5) The system referred to in paragraph (2) must provide for	15/09/2017

ascertaining and considering the opinions of children, their parents, placing authorities and staff. (Regulation 45)	
(46) The registered person must review the appropriateness and suitability of the location of the premises used for the purposes of the children's home at least once in each calendar year taking into account the requirement in Regulation 12(2)(c) (the protection of children standard). 46(2) When conducting the review, the registered person must consult, and take into account the views of, each relevant person. In particular, consult with the police and safeguarding agencies who can provide information about the physical and social make-up of the area and the type and level of anti-social or other behaviour that could negatively influence children. (Regulation 46)	15/08/2017

* These requirements are the subject of a compliance notice.

Inspection judgements

Overall experiences and progress of children and young people: inadequate

Since the last inspection, seven children have been admitted to the home. Many of these children have moved in at short notice, as a result of previous placement breakdowns. The four children currently living at the home are not well matched. The provider recognises that placement at the home is detrimental to each child's safety and welfare and that each has been negatively influenced by other children living, or previously living, at the home. Alternative placements are being sought for each child, although in some cases there has been drift and delay in the care planning for these moves. With support from the responsible individual, the registered manager has attempted to address this with social work team managers. In the meantime, children are not making good progress and are putting themselves and others at risk of harm.

Placement plans set out some information regarding each child's needs and how staff can care for the child on a day-to-day basis, and this is followed in practice. However, it is not clear in the placement plan how the placement will contribute to meeting the child's needs, and how it fits in with the overall care plan for the individual. This is particularly the case for those children that the manager felt were unsuited to living at the home. Children do recognise that staff care about them and do their best to support and advise them. One child explained: 'She [staff] cares about us. All the staff do. I used to think they didn't, but they do.' However, the influence of other children in the home is, in most cases, stronger than that of the staff team. Consequently, children's needs are not always well met and their progress is limited and, in some cases, negligible.

While staff encourage children to engage in positive activities with them, many children prefer to spend time out of the home, with peers. This often involves anti-social or unsafe behaviour. Neighbours are disturbed by children's loud and erratic behaviour in the vicinity of the home during the night. Some neighbouring parties have complained

about children's anti-social and abusive behaviour. While staff encourage children to reflect on their behaviour and apologise to those they upset, this is not always effective in reducing or eliminating this behaviour.

Most children have a history of poor engagement with education and most are excluded from school, or are on a part-time timetable at the point of admission. Despite the home's attempts to work in partnership with the virtual school and relevant education providers, children often receive very limited or no education for many weeks. Mostly, the children decline the few hours of tuition offered in the home. They engage in limited enrichment activities offered by staff. Consequently, children have little structure in their day, report that they are bored, and are denied their right to an education. One said: 'It's boring in the day. The lounge is locked till three o'clock and there's nothing to do. The computer got smashed so we can't use that. We can go on an educational trip if we want.'

The home's computer has been broken and out of action for over two months. This means that children not in education have no opportunity to do supplementary or enrichment work online. Staff's attempts to engage children in activities such as museum trips, physical activity, or cookery during the school day are not always successful. Often, children stay in bed all morning despite staff's attempts to get them up, and they refuse the opportunities offered. Without structure and good routines, children turn to risk-taking activities for entertainment. This involves anti-social behaviour, property damage and crime.

The pace of setting up and/or reviewing education arrangements that are not working is too slow. To address this, the manager has recently met with the virtual head and reviewed the education plans for each child. Some plans have been updated but, as yet, no changes to children's education arrangements have been made. At the time of this inspection, three of the four children were refusing to engage in education. This is a major shortfall, as children are not receiving an education that meets their needs.

Many children smoke cigarettes and cannabis, including those who did not do so before being admitted to the home. The home's efforts to reduce this behaviour through temporarily controlling children's pocket money have proved unsuccessful. The home has more recently invited specialist drugs workers to the home to advise and guide children, but so far there is no evidence of them influencing children to reduce their substance misuse.

The home encourages children to engage with health professionals, including the child and adolescent mental health service (CAMHS), and some children benefit from psychological support. In addition, the home has arranged for a professional from CAMHS to meet regularly with staff and to provide advice on supporting children's emotional needs. This arrangement was discussed at the interim inspection in March 2017, but the pace of setting it up has been slow. It is in its early stages and the impact of it on children's emotional and psychological health is not yet evident.

A new looked after children's nurse has been appointed and the home has arranged for her to visit frequently, with a view to helping children feel more at ease with accessing health services and advice. With continuous encouragement from staff, most children

access the health services and receive the treatment that they need.

Children are offered the opportunity to engage in a wide range of activities and there is evidence of some enjoying art, trips to play pool, fishing, and the cinema. Holiday activities are planned in advance, in consultation with children, and children have enjoyed some positive, new experiences, including a trip to Blackpool.

During term time, paid-for activities are available for those children who have met set targets, often involving engagement with education and not going missing. Few children achieve this. Cost-free educational or sporting activities are provided, but forward planning is not well implemented. For example, staff do not always plan shifts in advance to make sure that children are quickly engaged in active, enjoyable pursuits. Consequently, children spend unstructured time in the community with peers rather than engaging in sociable, positive activities with staff. This reduces the staff team's ability to develop strong and influential relationships with children through sharing fun-filled, positive experiences.

Despite the many efforts and patience of the staff team, children are not well prepared for their futures. Children's patterns of behaviour and social skills do not meet socially acceptable standards. There is little evidence of children making good developmental progress over time, although their self-care and independence skills do grow. For example, some children enjoy learning to cook. They learn to take better care of their possessions, improve their personal hygiene and take more pride in their appearance. Children use public transport and some make use of free passes to the leisure centre. Staff support children to attend youth clubs and sports clubs, encouraging them to exercise and engage in positive social interactions. However, over time, a child who benefited from these activities has withdrawn from them. Other children mostly decline these opportunities.

The home consults with children through monthly meetings. In addition, staff hold one-to-one meetings with children, often informally. These meetings encourage children to reflect on their wishes, plans and behaviour. Records of these conversations do not always show the child's view. There is little evidence of genuine, influential relationships between staff and children or that children trust or confide in staff in any meaningful way.

The quality of transition to and from the home is variable. All but one of the children present at the interim inspection have moved from the home. Some have moved at short notice following serious incidents. Others have moved on to semi-independence, having made limited progress at this home.

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

Although seven children have been admitted to the home since the last inspection, the registered manager has completed only two compatibility impact risk assessments. Both indicate that the assessed needs of the children referred could not be met at this home. In one case, the manager's decision not to admit the child was overruled by senior staff in the authority. This child's unsafe behaviour in the community put her, and those children who copied her, at significant risk of sexual exploitation. This demonstrates how ineffective decision-making and care planning for one child has negatively impacted on a

number of children.

While individual risk assessments identify children's safeguarding needs, the risk management information for staff is too limited and ineffective at guiding staff in how to keep children safe. For example, although a child's regular misuse of drugs is identified as a medium-high risk, the risk management plan does not address this. This means that staff do not have clear guidance in how to recognise and protect the child from the dangers associated with drugs misuse. The risk management plans do not drill down on exactly what needs to be done to ensure that each particular child is protected as well as they can be.

Although risks associated with children's unsafe behaviour are known, strategies put in place to address them are not always sufficiently robust. For example, the home recognises that children are acquiring cigarettes and drugs locally. While staff and the police have visited local shops that children frequent late at night, reminding them not to sell cigarettes to children, staff are not supervising children closely in the community when they know children have money. This means that children are easily able to acquire cigarettes and illegal substances and continue to misuse them. The home's location suitability assessment does not sufficiently identify the risks to young people of securing supplies of cigarettes or substances from the local area. Nor does the assessment identify any risks to the resident group from local groups who have gathered outside the home asking for sight of individual young people. This behaviour could indicate that individuals are being targeted by external parties. These risks need identifying and addressing, with all the necessary partner agencies, including the community police force and neighbourhood committees.

To deter children from going missing at night, the home has very recently increased staffing levels to three waking night staff. This has not been effective because, although staff have encouraged children to stay in and have maintained phone contact with them, no staff have followed the children when they have all left the premises together. The manager's high expectations of improved protection strategies have not been clearly communicated to the night staff. Behaviour management techniques and boundaries are not good enough to protect children.

The home uses sanctions and rewards to manage children's behaviour and the manager keeps these under review. He recognises that many of the sanctions used, have had little impact in reducing children's drug misuse or their deliberate damage to property. The sanctions that have been particularly ineffective are those involving money management, such as short-term supervision of spending pocket money. More needs to be done to improve the effectiveness of behaviour management strategies. Recognising this, the provider has set up a new training programme for staff, which has recently begun to be rolled out. It has a clear and appropriate focus on managing behaviour through the development of trusting and influential relationships with children, but the outcomes are not yet evident.

Children say that they feel safe and are well looked after. Restraint is rarely used and when it is, this is appropriate to prevent serious harm. Staff are vigilant in maintaining close supervision of children in the home and, in most cases, effectively de-escalate challenging situations, thus protecting children and staff from harm. However, at times, staff have not been able to prevent children assaulting other children or staff. In some

cases, this has resulted in serious harm.

A partner professional said: 'Due to the criminal behaviour of some of the children, there have been several instances where aggressive children and adults have come to the care home threatening residents and staff.' While staff have managed these situations well, it is clear that children are placing themselves and others at risk of harm because of their behaviour. Most children have been involved in criminality and some have been drawn into crime since their admission to this home. They have become increasingly involved in the criminal justice system.

A third of professionals contacted, report that they have concerns about children's safety. One professional stated: 'The child I am involved with is not suited to this model of care, and has mirrored the behaviour of others and place themselves at risk, such as going missing from home.'

Fourteen children have gone missing from the home on a total of 364 occasions since the last full inspection. This includes the current group of four children who have, between them, been reported missing to police 139 times since March 2017. The manager recognises that more needs to be done to deter children from going missing. He encourages staff to offer more individually tailored activities and more exciting, engaging and stimulating group activities. To date, this has not been effective.

The home tries to stay in contact with children whose whereabouts are unknown, by phone. To this end, children currently living in the home have recently been issued with new mobile phones. Where staffing levels permit, staff on duty during the day search for missing children and encourage them to return. Although staff make contact with family and friends, this practice is not always robust. For example, staff do not always contact the parents of friends, or visit their homes when they suspect children are at a particular address. This does not afford children the best possible protection.

On most occasions, children return to the home of their own volition, which indicates that they feel safe in the home. An independent agency should conduct independent return interviews with children who have been missing, but these interviews are not routinely held. For example, independent return interviews have been held only 18 times with the current group of children, despite them being reported missing on 139 occasions. The independent agency does not give the home feedback following their interviews with children. Collaboration between safeguarding partner agencies is, therefore, not strong. The manager reports that he has raised this with the local authority, escalating concerns about this poor practice.

The home appropriately refers children whose missing behaviour is a concern to the local authority missing from home panel, and the manager effectively contributes to those meetings. Good health and safety, fire safety and security measures promote children's health, safety and well-being while on the premises.

The effectiveness of leaders and managers: inadequate

The home is managed by an experienced and suitably qualified manager. Although he has a history of providing good-quality care to children and has high expectations of the

staff team, he has latterly been unable to drive improvements in the home as he would like. He, and senior managers, are very aware of the shortfalls in practice and, with the support of senior managers and a dedicated deputy manager, he has begun taking action to address these shortfalls. The pace of addressing shortfalls has been too slow.

Significant changes to the staff team were made as a result of an overhaul of the local authority's residential services for children earlier this year. This occurred at a time when a number of children with similar, challenging needs and unsafe behaviour were admitted. This has led to a situation where children with substantial emotional and behavioural needs are looked after by staff who are not well established in the home. Consistent, firm boundaries and challenges to unacceptable behaviour are not vigorously applied by all staff.

The home does not provide staff with one-to-one supervision. This means that their professional development is not well supported. Staff do not have the opportunity to reflect on their practice and improve their competence through constructive advice and challenge. This does not ensure that staff provide the highest possible quality of care.

The quality of case discussions in team meetings is variable. There is not always a good focus on ensuring consistent behaviour management strategies, or on ensuring that firm boundaries are understood by staff, fully implemented, and subject to close scrutiny and review. Consequently, the home's attempts to influence children to positively change their behaviour have not been successful. Rather, children have negatively influenced each other and a culture of defiance, rebelliousness and negativity has thrived. Staff do actively challenge racist comments and abuse, making it clear to children that this is not acceptable.

Although the home's statement of purpose is clear that the registered manager is responsible for decision-making about admissions, in reality this is not the case. Children are admitted against his better judgement on instruction from senior managers. This undermines his ability to manage the home effectively because decisions about admissions fail to take account of the needs of the children, including those already living at the home.

The manager and deputy manager are fully aware of children's needs. They communicate well with other professionals, keeping them up to date and providing well-evidenced reports on children's progress. They continually strive to work with partner agencies and staff, taking action when other agencies fail in their duties to children. However, their efforts are not always effective. Attempts to escalate their concerns to social work managers responsible for care planning by copying them in on emails are not always well met. The manager should consider a more direct approach to escalating concerns about practice and care planning.

The independent visitor, who reports on the quality of care, has raised concerns regarding children's lack of progress and the high incidence of children being missing from the home. The provider has responded by scrutinising children's progress and care planning more actively in recent weeks. The registered manager has begun to meet more frequently with social workers, with a view to progressing children's planned moves faster. Recognising the need for improved practice, the provider has arranged for senior managers to provide additional support, challenge and oversight to the

management team. This is a recent development and the impact is not yet evident.

The home is not meeting the aims set out in its statement of purpose. It is not providing safe, high-quality care to children. Although the statement of purpose was updated in April 2017, Ofsted has not been notified. This means that the regulator has not been kept fully up to date with changes in the home, including staffing changes.

Requirements made at the last inspection have been met. Fire safety measures have been approved by a fire officer and are suitable to protect staff and children. Staff recruitment procedures are in line with regulatory requirements. A staff training programme with a focus on developing positive, influential relationships with children has very recently begun. Staff report that this is beginning to help them to reflect on and improve their practice.

Recommendations made at the last inspection have not been fully met. For example, the home cannot demonstrate how consultation with children influences the development of the home. Impact risk assessments have not been routinely used in decision-making about admissions to the home. Behaviour management strategies have not been sufficiently strengthened to be effective. Relationships between staff and children do not actively and successfully promote positive behaviour. Staff are not receiving good levels of supervision. These shortfalls continue to have a significant impact on children's experiences and progress.

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 who 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: SC063683

Provision sub-type: Children's home

Registered provider address: Manchester City Council, P O Box 532, Manchester M60 2LA

Responsible individual: Amanda Amesbury

Registered manager: Michael Booth

Inspector

Sharon Lloyd, social care regulatory inspector

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