

SC063997

Registered provider: Keys Care Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is run by a private provider. It provides care for up to three children who may have social and emotional difficulties.

The manager registered with Ofsted in March 2022. They recently became dual registered.

Three children were living at the home at the time of the inspection. They were all seen and spoken with.

Inspection dates: 11 and 12 September 2024

Overall experiences and progress of children and young people, taking into account	good
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How well children and young people are helped and protected	good
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The effectiveness of leaders and managers	good
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The children's home provides effective services that meet the requirements for good.

Date of last inspection: 27 February 2024

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
27/02/2024	Full	Good
07/03/2023	Full	Outstanding
15/09/2021	Full	Good
12/06/2019	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: good

Staff encourage children to engage in various activities to develop their physical, social and emotional well-being. Staff collect memories of the different experiences children have enjoyed, and this helps children to reflect on positive relationships and life experiences. In addition, children enjoy family time with loved ones, and this contributes to them developing support networks towards independence.

Children are supported to attend education. Staff are proactive in liaising with the children's education placements to see how they can best remain in education. Staff have not ensured that education plans are accurate. One child's plan had a future date and the actions set were not current. This does not allow effective tracking of educational progress for children.

Children's care plans are not up to date. Staff attend and contribute to multi-agency meetings. Staff prepare reports ahead of children's meetings; however, they do not consistently update the plans with new actions following the meetings. This does not provide staff with up-to-date information about how the children should be supported.

Children receive guidance to develop their independence skills. Staff complete key-work discussions; however, this is not consistent. One child has not received regular key-work discussions, having had just one in an eight-month period around how to manage their bedroom space. This has led to the child's bedroom, at times, presenting a fire safety risk. When key-work discussions have been completed, they lack professional curiosity about risks to children. These are missed opportunities for staff to identify areas of risk and how best to support children.

Children are consulted about their care. Staff hold regular children's meetings. Children's meetings and staff meetings are held on the same day. This enables children's views and requests to be discussed as a team, and a response is provided without delay. Children also share their views through weekly consultation, where they can have a say on the day-to-day care provided around meal planning and activities.

Staff understand the importance of children being physically and emotionally healthy. Staff take children to their medical appointments. More recently, staff are engaging the home's therapist to support children in managing their emotions. Children's key workers complete specific training for the child they support. This knowledge is shared across the team so that children receive consistent support from all staff.

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

Children feel safe living in the home. Children want to live in the home until they reach independence. This shows that children have stability and feel supported. Children know how to raise concerns and complaints.

Risks to children are well managed. There is a multi-agency response to risk management. The manager talks to local police colleagues and regularly reviews local newspapers and community magazines so that they are aware of what is happening within the community. This enables a robust oversight of potential risks to children and of the actions staff need to consider to keep children safe.

When children raise a safeguarding concern, this is investigated by the manager. Records do not always detail how such a concern has been dealt with. Some verbal discussions with children are not always written down for reference. Consequently, one child felt that they did not receive a response when they raised an issue.

Children go missing from the home and staff are proactive in finding them. When the manager is concerned about staff's responses to a child going missing, a single subject supervision discussion is completed to allow reflection and learning. Communication with parents when children are missing from the home is not effective. For one child, staff have not communicated with the parent to inform them of the times the child has been missing and found. This does not create positive and trusting working relationships with children's parents.

Staff use de-escalation techniques when managing challenging behaviours. Staff use physical intervention as a last resort and ensure this is proportionate. This supports children in building trusting relationships with staff. The recording of discussions following incidents with staff is poor. For two members of staff, there were no records of such debriefs having been completed. This does not allow staff the opportunity to reflect and improve on their practice.

Children have risk management plans in place. The plans tell staff how to respond to each risk identified for the child and the required action to keep the child safe. The quality of risk management plans for children requires further development. Risk management plans do not consider information of risk identified in other records. For example, one child brought alcohol into the home. Their risk assessment did not acknowledge this as a potential risk for the child or how this would be managed.

The effectiveness of leaders and managers: good

The home is managed by an experienced and qualified manager. She is supported by two deputy managers. They are aspirational about the developments for children and the home. They have an improvement plan, as they recognise that some areas of practice require improvement.

Effective monitoring and reviewing tools are being developed but are not yet fully embedded. The manager recently became a dual registered manager. This additional responsibility has impacted the timeliness of monitoring systems being implemented. The manager is striving to achieve consistency between the two homes she is responsible for.

Staff value the manager, who is described as supportive. She is keen to develop and upskill the team. The manager understands the benefits of having a stable workforce and the consistency this offers to children. It is for this reason that staff are trained to learn the role above them as part of workforce development.

Staff receive professional supervision that has a clear focus. There is an opportunity to reflect on children's needs and care plans. However, for one member of staff, the manager did not record the full conversation held. This does not provide staff with full details of how concerns they have raised have been addressed.

The manager holds regular team meetings with staff. These are an opportunity to reflect on previous months' challenges and successes. This allows the team to review their practice methods and see how doing this can improve the quality of care for children.

Staff receive training so they can safely care for children. The manager has specific subject champions for various areas. For example, there is a mental health champion. The identified staff member will research current issues around the impact of poor mental health on children. The manager uses the champions to filter the knowledge to the team. The staff are responsible for continuing their professional development, which enables them to have current knowledge so they can best support children.

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, The 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.

Requirements	Due date
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– 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; demonstrate that practice in the home is informed and improved by taking into account and acting on– feedback on the experiences of children, including complaints received; use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(a)(b) (2)(f)(g)(ii)(h)). This refers to the manager ensuring that children's plans are up to date and accurate. This includes ensuring any safeguarding records are available in full. This also refers to the manager ensuring that conversations with children, staff, family and professional networks are recorded clearly. In addition, that children receive outcomes to any issues they raise.	31 December 2024

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: SC063997

Provision sub-type: Children's home

Registered provider: Keys Care Limited

Registered provider address: C/o Pinsent Masons LLP, The Soloist Building, 1 Lanyon Place, Belfast, Northern Ireland BT1 3LP

Responsible individual: Katie Harrison

Registered manager: Judith Waters

Inspector

Netsai Muzuva, Social Care Inspector

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