Inspection report for children's home

Unique reference number	SC066120
Inspection date	19/09/2011
Inspector	Simon Morley
Type of inspection	Full
Provision subtype	Children's home

Date of last inspection	02/03/2011

About this inspection

The purpose of this inspection is to assure children and young people, parents, the public, local authorities and government of the quality and standard of the service provided. The inspection was carried out under the Care Standards Act 2000 to assess the effectiveness of the service and to consider how well it complies with the relevant regulations and meets the national minimum standards.

The report details the main strengths, any areas for improvement, including any breaches of regulation, and any failure to meet national minimum standards. The judgements included in the report are made against the *Inspections of children's homes – framework for inspection* (March 2011) and the evaluation schedule for children's homes.

The inspection judgements and what they mean

Outstanding: a service that significantly exceeds minimum requirements
Good: a service that exceeds minimum requirements
Satisfactory: a service that only meets minimum requirements
Inadequate: a service that does not meet minimum requirements

Service information

Brief description of the service

This home is registered to provide care and accommodation for up to five children of either sex from 10 to 17 years old. Children and young people who use the home have learning disabilities, physical disabilities and associated emotional and behavioural difficulties.

Care is organised on a shared basis with young people staying in the children's home for part of the week and then going home to live with their families. When at home with their families other young people stay at the children's home. Ten families and young people are supported in this way with a maximum of five young people staying in the children's home at any one time.

Overall effectiveness

The overall effectiveness is judged to be **satisfactory**.

There is suitable care planning that focuses clearly on the diverse individual needs of each young person. However, these arrangements do not help young people to know about their individual care plans. Plans do not clearly identify who is responsible for all outcomes, care staff or parents.

There is a supportive, nurturing environment in which young people feel safe, generally achieve good outcomes and enjoy the positive relationships they have with staff. The needs of young people, their views and wishes are significant and influential in how the home is managed and practice developed. Young people are settled, happy at the home and progress well with their development. This is consistently the views of parents and stakeholders who are positive about the service. As a result, outcomes for young people are judged to be good.

Staff struggle to meet the needs of one young person. This is mainly in relation to the behaviour management strategy used. This impacts on the overall quality of care and limits it to satisfactory. Incidents of challenging behaviour are recorded and monitored by the manager. Physical intervention is used as a last resort to protect the safety of young people. However, the use of 'time out' as a sanction and physical intervention to re-direct one young person are not recorded as required by regulation. This is not helpful in tracking the effectiveness and safety of such behaviour management techniques. Other incidents relating to the welfare of young people are not always notified correctly to all appropriate authorities for monitoring.

Overall, the physical environment is safe, suitably homely and adapted to meet the needs of young people in most cases. In contrast, one bedroom was stark and impoverished. Repairs and maintenance are slow to be addressed by the registered

provider. Able young people developing their independence skills are hampered by the layout of the home and lack of accessibility to the kitchen. Physical restrictions on normal movement within the home, to safeguard some young people, unnecessarily restrict all young people.

The quality assurance systems used by leaders and managers to monitor the quality of care are not sufficiently rigorous. Also there is no regular systematic consultation with young people, their parents and placing authority. Monitoring by the registered provider lacks focus on how well young people enjoy and achieve at the home.

The registered provider is not ensuring there are sufficient resources, including the numbers of staff on duty, to effectively meet the needs of all young people. Consistent long-term management of the home is compromised as there has been an acting manager in post for almost a year who is not registered with Ofsted. While the current manager is committed to improving the quality of care, additional support is lacking from the registered provider. There is no action plan with clear aims, objectives and timescales for improvements. Information about the home is not clear about specific objectives of a shared care service.

However, staff are committed, enthusiastic, receive good supervision and are well trained to meet young people's individual needs.

Areas for improvement**Statutory Requirements**

This section sets out the actions which must be taken so that the registered person/s meets the Care Standards Act 2000, Children's Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must comply with the given timescales.

Reg.	Requirement	Due date
2000	ensure the manager is registered under this Part in respect of the home (Care Standards Act 2000, Part II Section 11)	31/12/2011
17B (2001)	ensure that for the use of any measure of control, restraint or discipline a written record is made in a volume kept for this purpose and complies with the requirements of this regulation (Regulation 17B (3) & (4))	30/11/2011
25 (2001)	ensure that there is at all times having regard to the number and needs of children accommodated in the home, a sufficient number of suitably qualified, competent and experienced persons working at the home (Regulation 25 (1))	31/10/2011
30 (2001)	ensure that if any of the events listed in column 1 of the table in Schedule 5 takes place, the persons indicated in column 2 are notified without delay in particular inform Ofsted whenever a young person is taken to hospital (Regulation 30 (1))	30/11/2011
31 (2001)	ensure all parts of the home are reasonably decorated, maintained and suitably furnished (Regulation 31 (2) & (4))	31/10/2011

34 (2001)	ensure the systems for monitoring and improving the quality of care provide for consultation with children accommodated in the home, their parents and placing authorities (Regulation 34 (3))	30/11/2011

Recommendations

To improve the quality and standards of care further the service should take account of the following recommendation(s):

- ensure behaviour management strategies meet the individual emotional and behavioural needs of each child living in the home (NMS 3.7)
- ensure physical restrictions on normal movement within the home do not impose similar restrictions on all children regardless of ability (NMS 10.4)
- ensure children receive care which helps them prepare for independence, in particular support young people who have the ability to access appropriate kitchen facilities to develop their practical skills (NMS 12)
- ensure the Statement of Purpose clearly details the purpose of a shared care service and how the responsibility for outcomes are shared with young people's parents (NMS 13)
- ensure there is a written development plan, reviewed annually, for the future of the home, identifying any planned changes in the operation or resources of the service (NMS 15.2)
- ensure that monitoring by the registered provider includes scrutiny of how the home is supporting children to enjoy and achieve (NMS 21)
- ensure children are supported as far as possible to understand the purpose and content of their care plans, clarify whether the responsibility for outcomes lies with care staff, parents or is shared. (NMS 25)

Outcomes for children and young people

Outcomes for children and young people are **good**.

Young people achieve well taking into account their needs when they first came to live in the home. This was consistently commented on by parents, stakeholders, the staff and recorded in progress reports. For example, parents said 'staff obviously understand the children and know how to support them with their problems'.

The care provided is personalised and individual, based on young people's needs. Staff are thoughtful and considerate so that individual young people's specific needs and preferences are acted on. Young people are able to open up and talk to staff about their feelings. The support they receive helps build their confidence, self-esteem and feel secure at the home.

Young people benefit from healthy lifestyles. Staff encourage good diets and provide balanced and nutritious meals that take account of young people's likes, diverse needs and wishes of parents. The quality of young people's diets has improved as a result of the care staff provide. There are good links with specialist health professionals including the local community team for learning disabilities, mental health services, epilepsy and community nurses. This ensures that young people receive good quality health care.

All young people regardless of their ability are actively involved in a wide range of purposeful activities both in the home, local and wider community. For example, this could be rock climbing, art, walks in the park, joining in the local carnival, gardening, hip-hop dancing, trips and meals out. Young people are part of a local project 'Raise Your Game' which helps them develop their social skills, engage more with their peers and adults and take more control over their lives asking for what they want. Regular exercise is encouraged promoting good health; this is linked to the individual needs and preferences of young people.

All young people have very good levels of school attendance. Transport is provided to help young people get to and from school and there is good communication between care and school staff. This is important for young people who find it hard to communicate verbally. This helps school staff be aware of how a young person is. For example, did they sleep well, how are they feeling today, is there anything impacting on their well-being. Young people's communication and social interaction skills develop well, which helps them to achieve at school. Similar strategies around communication and behaviour management are used in the home and at school to promote consistent care.

As this is a shared care setting young people are at home frequently with their families. When staying at the home young people do telephone home and talk to their parents. Parents are free to visit the home and able to come and take their children out when they want to. As a result, young people are still able to take part in important family occasions. Similarly young people are able to come home early from school if they are not well. Parents and stakeholders commented, 'staff are flexible and will bend over backwards to help'.

Staff are effective at ensuring young people are able to develop their independence skills based on their needs and ability. For example, there are improvements in communication with young people starting to use verbal communication and progression with signs and symbols. Realistic target setting helps young people achieve practical skills, be more independent with their personal care and hygiene. However, access to the kitchen is limited and impacts on young people's independence to make their own drinks and snacks.

Quality of care

The quality of the care is **satisfactory**.

Young people have good relationships with staff, are positive about their care and feel that staff are there to look after them and promote their welfare. As parents commented 'he always asks to go to the home', 'he runs in happy when he gets there'.

The needs, views and wishes of young people clearly influence the running of the home and the way they are looked after. A young person commented, 'I have made my mark on the home' in reference to his care and how his views are taken account of. Young people's wishes and feelings are sought via individual communication strategies using a variety of signs, symbols and personalised picture cards. This helps young people communicate their day to day needs, influence daily routines, make choices about their diet and leisure time. Young people are able to make choices about the décor of the home and plan garden projects.

Young people's care is split between staying at the home and with their families on a shared basis. At the home there are personalised and individual placement plans detailing each young people's needs and how they must be looked after. Staff provide care to young people in line with these plans to make sure their needs are met. It is not clear how the manager, staff, young person their parents and placing authority agree these plans and decide how caring responsibilities are allocated. For example, this includes whether parents or care staff take young people to health appointments, allowing young people to go out of the children's home independently when they can at their own home. Young people, despite their views being listened to, are not always aware they have a placement plan and what is in it. However, young people's care remains personalised and generally their diverse needs are met. Personal care, communication, daily routines, health care, diet, religious and cultural needs, activities and leisure time are all central in the provision of individual care to each young person.

The manager and staff are knowledgeable about each young persons needs and their care. Each young person's care is monitored by a key worker and effective contributions are made to statutory care reviews. Staff will support young people to put forward their views, attend these meetings or will advocate on their behalf. This helps ensure young people's views are heard and taken into account when amending individual care plans.

Young people are settled in the home and their behaviour generally improves. Staff implement a consistent approach encouraging socially-acceptable behaviour and praising young people's progress. However, one behaviour management strategy is to physically re-direct a young person for time out. This is done in the person's bedroom and is met with protest in the form of damage to property, self-harm, urination and occasional defecation. The bedroom now has a bleak, impoverished environment. This risk reduction strategy is institutional and the manager acknowledges the young person's needs are not being met well. Working is already in progress with the placing authority to improve the situation. In the meantime there has been little change to care practice with regards to trying alternative strategies or providing additional resources.

Four of the other five bedrooms were, in contrast, comfortable, homely environments for the young people who occupy them. Each of these rooms are shared between two young people who occupy them on alternative dates depending when they stay at the home. Young people can personalise their rooms with their own possessions when they come to stay making them feel more homely. Similarly, the remaining bedroom is homely but has an outstanding repair to the floor covering and is not carpeted like the other four.

Young people are safely supported with their medication needs so that they receive the right medication when they need it. This includes staff training in particular specialist medication for young people with epilepsy. This is a crucial aspect for some young people who rely on this medication to help control their seizures. Staff work effectively with parents and the placing authority to ensure young people access a wide range of services to meet their complex health needs.

Staff effectively support young people's attendance and achievement at school. There is good communication with schools through a home to school diary and verbal communication. Young people go to school well presented and with any equipment they need so they can join in with their peers. Staff attend reviews at school and make good contributions to help determine future plans and educational targets.

Young people enjoy a range of stimulating activities based on their needs, facilitated by the creative and enthusiastic approach of staff. There are several photographic displays, adding to the homely feel, of young people involved in diverse community activities. One young person is helping locally in preparations for the Paralympics.

Safeguarding children and young people

The service is **satisfactory** at keeping children and young people safe and feeling safe.

Young people are generally safe living at the home and care practice ensures they are protected from significant harm. Staffing levels allow for close supervision of young people so there are no incidents when they go missing and no one is bullied. Parents and stakeholders agree that young people are safe, for example parents commented, 'young people are safe' and, 'they are happy to go to the home'.

Young people generally behave appropriately and positive behaviour is promoted through praise and encouragement from staff. There are occasions when a young person's behaviour is aggressive, which challenges staff to keep all young people and staff safe. At such times the strategy is to re-direct a young person to his bedroom for time out. To do this staff have to physically intervene to firmly guide a young person. Both the manager and staff commented, 'this needs a strong male member of staff to be on duty'. The level of intervention is a physical restraint and a measure of control to manage behaviour. Also 'time out' in the bedroom is a measure of control aimed to improve behaviour as well as keep other young people safe. Such incidents are recorded but these records fall short of regulatory requirements in

relation to using measures of control and discipline. This does not help monitor the effectiveness and safety of such behaviour management strategies. The manager is aware this strategy is not effective and is working with the placing authority to improve the situation.

Staff are trained to prevent situations of challenging behaviour and de-escalate them safely if they do occur. There have been two incidents where different young people have been hit by another young person during episodes of challenging behaviour. These have been seen by parents, social workers and staff as one of incidents and not as targeted assaults. Young people are supported by staff to help understand the concept of bullying and that it is unacceptable. It is possible these two incidents are linked to gender-related bullying. Risk management strategies used in the home have not considered this.

Young people benefit from an environment that generally is physically safe and secure from unwanted intrusion. There are regular checks of electrical and gas installations and electrical equipment. There is a range of aids and adaptations, such as hoists and overhead tracking, that are used to support young people with physical disabilities safely. These are routinely serviced and kept in safe working order. Occasionally situations arise that impact on the safety of young people, such as having a seizure in the bath. The manager is quick to respond to reduce risks and also support young people to continue to enjoy as normal a life as possible.

There are appropriate procedures in place to ensure new staff recruited to work in the home are carefully selected and vetted. This helps ensure young people are safe from unsuitable people having the opportunity to harm them. This safety factor is enhanced as no volunteers or agency staff work in the home. The registered provider has not recruited any new staff since before the last inspection.

Leadership and management

The leadership and management of the children's home are **satisfactory**.

The home has a Statement of Purpose setting out some aims and objectives of the service and benefits for young people coming to stay at the home. It is not comprehensive and fails to identify what the purpose of a shared care service is. The responsibilities for outcomes for young people are not defined and it is not clear how these are shared between care staff and parents. There is a user-friendly guide to the home given to young people and their parents to help them know what to expect from the service. Care staff understand, share and implement the home's ethos, philosophy and approach to caring for the young people in an enthusiastic and consistent way.

Leaders and managers have an adequate awareness of the strengths and weaknesses of the service. However, there is no clear development plan for identifying and implementing future improvements. Although monitoring by the registered provider does identify some shortfalls, these are mainly linked to recording

systems. Reports of the registered provider's monitoring do not focus on outcomes for young people, how they enjoy and achieve and whether their needs are being met. For example these reports have not addressed the inadequacies in one of behaviour management strategies used in the home. In addition, quality assurance systems do not systematically include consultation with young people, their parents and the placing authority with an aim to improving the service.

The existing manager has been in acting in a temporary capacity for a year. The long-term consistency and quality of leadership and management is compromised by the registered provider's failure to appoint a permanent manager and support an application to register with Ofsted.

The manager has identified some weaknesses in administration systems that she wants to improve and has also asked senior managers for support with developing facilities for the home. Staffing vacancies, repairs and maintenance are slow to be addressed by the registered provider. The manager is aware that the needs of one young person are not met well. There has been no help from the registered provider to increase resources needed, for example, extra staff to help meet those needs. Overall progress to improve standards of care and outcomes for young people is slow.

Young people benefit from staff who enjoy working at the home and are committed to supporting young people to experience positive outcomes form their shared care. Staff are supervised well and receive a good quality of training to help them meet the needs of young people and provide a satisfactory quality of care.

There has only been one significant event relating to the welfare of young people since the last inspection which was not reported to all appropriate authorities, in this case Ofsted. All other significant events have been reported as required to young people's parents and placing authority. The manager ensures that appropriate action is taken following these events to safeguard young people's welfare.

Equality and diversity practice is **satisfactory**.