SC066565

Registered provider: Options Autism (1) Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is privately owned and is registered to provide care for up to 26 children. The home provides a specialist service for children with autism spectrum disorder and associated learning disabilities. There is an on-site school which also caters for day pupils. Some children have a placement for 52 weeks a year, while others go home at the weekends and during the school holidays. The inspectors only inspected the social care provision at this school.

The manager registered with Ofsted in June 2022.

Inspection dates: 7 and 8 June 2022

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: 9 February 2022

Overall judgement at last inspection: inadequate

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
09/02/2022	Full	Inadequate
08/01/2020	Full	Good
22/01/2019	Full	Good
03/07/2017	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: good

Children have a positive experience living at this home and are well cared for by a committed staff team. Parents value the care that is provided for their children and some feel that staff are like an extended family. A parent told the inspector: 'Staff talk lovingly about [child]. He will always ask for staff to be updated when he is at home and [child] is always excited when he returns.'

The working relationship between care staff and the on-site school staff allows for a shared understanding of the children's daily routine and care needs. As a result, children experience continuity of care between the school day and home life.

Children access all of the primary healthcare services. Staff also ensure that emergency healthcare is provided for children when there is a need for an escalated intervention, for example medical treatment for self-injurious behaviour. There is clinical oversight and a review of the children's health needs when there are escalating concerns for their welfare. Children benefit from a coordinated response from health services, the staff team and the children's social workers.

Children enjoy spending time with staff. The reciprocal relationship helps children to feel safe and secure. There is a consistent effort to elicit the children's views and wishes by staff, who understand their individual vocabulary. Children feel valued because their choices and interests are pursued by the staff team.

Staff provide children with a variety of activities focused on them having fun, and at the same time helping to develop their independence. This includes going out to restaurants to order meals, or attending the on-site bistro, where staff replicate the children's experience of being in their favourite high street eatery. Fun moments and events in the children's lives are captured through photos and shared with their families. Parents value this greatly as it connects them to their children's experiences.

Every effort is made by staff to make the environment feel homely. There are photos of children throughout and the communal areas are bright and fresh. Children's bedrooms are personalised to reflect their identity and give them a sense of belonging. The extensive grounds and outdoor play equipment give children the opportunity to have fun within the safe parameters of the home.

For some children, changes to the staff team have affected the daily routines that are agreed with their parents. The impact of the changes has led to some children's plans not being consistently followed.

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

There is a safeguarding culture within the team where children are prioritised and any practice that falls below the expected standard is challenged. The provider's procedures for sharing concerns are clear and directive for staff. This enhances the level of protection for the children.

When concerns are raised about staff practice, the managers complete a thorough investigation in consultation with the local authority designated officer. Appropriate risk management decisions are made to reduce the risk to children while investigations into the concerns raised are conducted.

High levels of managerial support and reflection for staff reduce the impact of caring for children with complex needs. The communication barriers for children often increase their level of frustration and manifest in self-injuries or other unsafe behaviours. Staff are sensitive and aid the children's recovery from their periods of distress. This helps to ensure that children feel safer in their care.

The use of physical intervention is proportionate to keep children safe and prevent the risk of harm. The debriefs and/or observations of children after incidents occur allow staff to monitor the children for any continuing welfare concerns. Managers also explore with staff the rationale for the hold being used to evaluate the effectiveness of staff practice. However, incident records are disorganised and do not always record the duration of the restraint of a child. This limits the manager's monitoring and evaluation of the incidents.

The children's risk assessments and safety plans have been developed by managers to provide staff with clearer direction and guidance to follow to help keep the children safe. However, some information about how to respond to the children's behavioural needs is conflicting and duplicated. Also, one child's risk assessment did not have strategies recorded about their associated dangers of when they are near open water. This may result in inconsistent risk management practice and increases the risk of harm for children.

In general, the arrangements for the administration and storage of medication are good. However, inspectors identified that one child's prescribed medication did not have an administration record and staff had not removed an out-of-date medicine from storage. Shortfalls in medication management and administration increase the risk of children being given treatment that could be detrimental to their well-being.

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

The home is managed by a skilled and committed manager who provides strong leadership to the team. However, the high standards of professionalism that leaders aspire to achieve are not yet established as there continue to be shortfalls in staff practice. There have been missed opportunities to reaffirm with the whole staff team

the expectations about their conduct. This slows down the progress of establishing a cohesive and skilled staff team.

Filing systems for the children's records are disorganised and do not provide clarity on how the managers monitor the quality of care. Records are stored in numerous locations. This means that managers are unable to demonstrate how they have effective oversight of staff's practice. This limits the development of staff and the impact they have on the children's progress.

The manager does not have all the required statutory documentation including the children's local authority care plans. This does not ensure that the home's care plan is in line with the local authority plan.

The provider's recording system does not clearly demonstrate what the children's milestones are or what individual progress they make. Records of key-work sessions and important conversations completed by staff do not provide a reflective account of the children's achievements and the help that they receive. The style of recording limits the children's understanding about their time living in the home.

Staff have failed to sufficiently communicate critical information that delayed medical care to a child. This was identified by the manager and appropriate action was taken. This includes the introduction of a new protocol to reduce the risk of a repeat incident.

Managers lead team meetings and use the forum to good effect to develop staff practice in pertinent areas in relation to the children's needs; for example, training on physical intervention focused on individual children when their behavioural needs escalate. There is also an inquisitive learning culture among the staff team to understand the children's world. This contributes to their healthy relationships with the children.

Managers are providing more regular supervision for most members of the staff team. Staff are committed to their role and feel well supported by their seniors and the new registered manager. The leadership team carefully considers staff welfare. The focus on staff well-being reduces the risk of burnout and has been successful in staff retention to bolster the continuity of care for the children.

Supervision records are not always signed by staff, making it unclear if they are aware of what was discussed in their supervision session, or what the agreed actions are to help them fulfil their role.

The provider has been driving forward the recruitment of the workforce as it continues to rebuild the team to provide stability for the children. The quality of the new recruits has had an early impact by boosting the staff's morale.

The manager's monitoring of staff development has overlooked a staff member not registered to complete their diploma qualification, as required by the Children's

Homes Regulations. This leaves unnecessary gaps in the knowledge and skills of the workforce.

Some fire extinguishers are not stored at the required location as described in the fire safety risk assessment for the home. Misplaced firefighting equipment may have an impact on the children's safe egress from the building.

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 quality and purpose of care standard is that children receive care from staff who— understand the children's home's overall aims and the outcomes it seeks to achieve for children; use this understanding to deliver care that meets children's needs and supports them to fulfil their potential. In particular, the standard in paragraph (1) requires the registered person to— ensure that staff— provide personalised care that meets each child's needs, as recorded in the child's relevant plans, taking account of the child's background. (Regulation 6 (1)(a)(b) (2)(b)(iv)(v)(vi)) The registered person must ensure that the children's in-house care plan describes the aims and objectives of their care and clearly demonstrates the individual progress children make. The registered person must ensure that the help staff provide for children is linked to their plan and is evidenced in the children's records in a way that allows children and their families to look back at their time at the home.	7 August 2022
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	7 August 2022

necessary, make arrangements to reduce the risk of any harm to the child; help each child to understand how to keep safe; 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. (Regulation 12 (1) (2)(a)(i)(ii)(v)(vi)(b)) The registered person must ensure that children's risk assessments have up-to-date strategies that are aligned to their current needs and associated risks, and that guidance for staff is not duplicated.	
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— 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; 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)(f)(h)) The registered person must ensure that children's records and all other documentation completed, as required by the	7 August 2022

Children's Homes Regulations, are organised and easily accessible to enable effective managerial monitoring and also provide the regulator with information in a timely manner during inspections.	
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; and a record is kept of the administration of medicine to each child. (Regulation 23 (1) (2)(b)(c)) The registered person must also ensure that out-of-date medication is disposed of in the appropriate manner.	7 August 2022
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— a description of the measure and its duration. (Regulation 35 (3)(a)(iv))	7 August 2022
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))	7 August 2022

Recommendations

- The registered person should ensure that fire extinguishers are kept in the location as described in the fire safety risk assessment and they must not be used to prop doors open. ('Guide to the Children's Homes Regulations, including the quality standards', page 15, paragraph 3.9)
- The registered person should ensure that they have a monitoring system that identifies non-qualified staff, to support their registration and completion of the relevant qualification within the required timeframe as described in the Children's Homes Regulations. ('Guide to the Children's Homes Regulations, including the quality standards', page 61, paragraph 13.6)

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: SC066565

Provision sub-type: Residential special school

Registered provider: Options Autism (1) Limited

Registered provider address: Pathway Care Solutions Ltd 04004053, Atria, Spa Road, Bolton BL1 4AG

Responsible individual: Karen Ayres

Registered manager: Claire Monro

Inspectors

Aaron Mcloughlin, Social Care Inspector
Steve Guirey, Social Care Inspector

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