

SC066565

Assurance visit

Information about this children's home

The home is privately owned and is registered to provide care and accommodation 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 that most children use, which also caters for day pupils. A few children go to other schools. A small number of children use the home for short breaks. Some children have a placement for 52 weeks a year, while others go home at the weekends and during the school holidays.

A new manager has been in post since June 2020. She is in the process of registering with Ofsted.

Visit dates: 9 to 10 December 2020

Previous inspection date: 8 January 2020

Previous inspection judgement: Good

Information about this visit

Due to COVID-19 (coronavirus), Ofsted suspended all routine inspections in March 2020. As part of a phased return to routine inspection, we are undertaking assurance visits to children's social care services that are inspected under the social care common inspection framework (SCCIF).

At these visits, inspectors evaluate the extent to which:

- children are well cared for
- children are safe
- leaders and managers are exercising strong leadership.

This visit was carried out under the Care Standards Act 2000, following the published guidance for assurance visits.

Her Majesty's Chief Inspector of Education, Children's Services and Skills is leading Ofsted's work into how England's social care system has delivered child-centred practice and care within the context of the restrictions placed on society during the COVID-19 pandemic.

Findings from the visit

We did not identify any serious or widespread concerns in relation to the care or protection of children at this assurance visit.

The care of children

The staff are creative and provide individualised care, which enables the children to make progress. The staff support the children to experience the world outside of the home and school. The children are learning that time spent in the community can be exciting and fun. A parent said, 'I cannot thank the staff enough, my son now has the opportunity to be the man that he deserves to be.'

The children receive care from the staff that is both respectful and dignified. This enables the children to feel in control, valued and confident to make decisions and choices for themselves.

Staff identify and respond when children are not settled. When the children are settled, there is evidence that they are making progress. However, the goal attainment scaling (GAS) tool that is used by staff to measure the children's individualised progress is not used effectively. This means that it is difficult to identify in records the date in which a child has made progress.

The restrictions from the COVID-19 pandemic have meant that children have been unable to participate in all their preferred activities. However, staff have worked hard to ensure that the children can participate in lots of home-based pastimes, including spending time in the garden, enjoying the play equipment and doing lots of craft-based activities. These activities help to keep the children occupied and enable them to have fun.

Some areas of the home are well decorated with a minimal yet comfortable design, and the children's bedrooms contain their favourite things. However, the independence part of the home is uninviting with institutional elements. This is with reference to the entrance door to a child's flat, which has a small solid plastic observation window. There are also some minor repairs around the home which need to be addressed.

The safety of children

High staffing levels reflect the children's complexities and vulnerabilities. Staffing ratios ensure that the children have the required supervision and attention to maintain their safety both in the home and in the community.

The management team recognises when staff are unable to meet the complex needs of individual children. These concerns are highlighted to the child's placing

authority and escalated to obtain a response. The staff maintain the day-to-day care of the child until a safe and successful transition is planned.

Children's plans are not always followed by the staff, which impacts on the children's behaviour and staff's safety. Staff have been physically injured because decisions were taken that deviated from a child's support plan. The severity of incidents intensifies when staff do not have the necessary training or tools to de-escalate and respond to incidents of violence and aggression.

Incident debriefs and practice reflections take place with staff. However, these are not robust or reflected in children's support plans. This is a missed opportunity by the manager to identify ways to reduce reoccurrence.

The children's epilepsy risk assessments do not provide a comprehensive and conclusive plan for the staff to follow. However, children do have epilepsy support plans from the specialist nurse to reaffirm staff practice, which lessens the impact of poor in-house records for children.

When medication errors have occurred, these have been identified by the manager and lessons-learned sessions have taken place with staff to improve practice. However, there have been delays in updating the children's records to highlight any changes to medication procedures. This delay has the potential to lead to unclear practice from staff.

In response to the pandemic, all staff wear personal protective equipment. The children are accepting of this, which reflects all the work that staff have done to help the children to adapt to the changes made due to COVID-19.

Leaders and managers

The appointed manager commenced her post in June 2020. Since this time, there have been additional changes within the senior leadership team, including the appointment of a new responsible individual. The appointed manager is not yet registered, as an application to the regulator has not successfully been made.

Changes within the management team have been poorly managed. This has left considerable procedural gaps. Preceding records and pro-forma for the monitoring and oversight of the home are not in place, which impacts the manager's immediate oversight of the home. The current monitoring systems are not comprehensive, which limits the manager's range and scope of evaluation.

Practice-share meetings appear to be an important part of the wraparound intervention for children. However, it is unclear how information is shared during and following these meetings. These meetings promote integrated reflection and the creation of actions to aid the progress and outcomes for children. However, actions from these meetings are not consistently reviewed or evaluated. Therefore, it is unclear if the support agreed is effective for the children.

Staff are not routinely receiving practice supervision and the supervision records lack consistent quality. The senior staff delivering supervisions have not had the necessary training or been provided with the tools to aid the formation of constructive and quality supervisions. The supervision record template has been adapted to encourage discussion and enable time for reflection. However, as supervisions are irregular and not routinely taking place, the impact of the changes cannot be evidenced.

Communication between staff teams is not consistent. Some parents praise the care their children receive and how, as parents, they are routinely updated by the staff. This is not unified across the teams as other parents and professionals feel that communication could be improved.

The manager has not met the requirements and recommendation set at the last full inspection. As a result, these have been carried forward.

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
In particular, the standard in paragraph (1) requires the registered person to— ensure that the premises used for the purposes of the home are designed and furnished so as to— meet the needs of each child; and enable each child to participate in the daily life of the home. (Regulation 6 (2)(c)(i)(ii))	5 February 2021
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— understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person. (Regulation 12 (1) (2)(a)(v))	5 February 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— helps children aspire to fulfil their potential; and promotes their welfare. In particular, the standard in paragraph (1) requires the registered person to— use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(a)(b) (2)(h)) Specifically: ensure that meeting minutes are of a consistently good standard; ensure that staff supervision records reflect practice-related supervision; ensure that the records of achievements of the children's GAS goals are all of good quality, signed and dated, kept up to date and clearly evidence which goals are achieved.	5 February 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— helps children aspire to fulfil their potential; and promotes their welfare. In particular, the standard in paragraph (1) requires the registered person to— ensure that the home's workforce provides continuity of care to each child; 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. (Regulation 13 (1)(a)(b) (2)(e)(g)(ii))	5 February 2021
In order to complete a quality of care review the registered person must establish and maintain a system for monitoring, reviewing and evaluating— the quality of care provided for children;	5 February 2021

the feedback and opinions of children about the children's home, its facilities and the quality of care they receive in it; and

any actions that the registered person considers necessary in order to improve or maintain the quality of care provided for children. (Regulation 45 (2)(a)(b)(c))

Recommendations

- The registered provider should ensure that the behaviour management strategy is understood and applied at all times by staff, and kept under review and revised where appropriate. ('Guide to the children's homes regulations including the quality standards', page 46, paragraph 9.34)

Children's home details

Unique reference number: SC066565

Registered provider: Options Autism (1) Limited

Registered provider address: Turnpike Gate House, Alcester Heath, Alcester, Warwickshire B49 5JG

Responsible individual: Karen Ayres

Registered manager: Post vacant

Inspectors

Jennifer Fenlon, Social Care Inspector
Aaron Mcloughlin, Social Care Inspector

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