

SC066651

Registered provider: Sheffield City Council

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The short-breaks service is owned and managed by a local authority and provides care and accommodation for up to six children or young people who may have learning and/or physical disabilities. A variation is in place to allow two children to live there until suitable and permanent accommodation is found. No children are receiving a short-breaks service currently.

The manager has been registered with Ofsted since June 2019.

Due to COVID-19, at the request of the Secretary of State, we suspended all routine inspections of social care providers carried out under the social care common inspection framework (SCCIF) on 17 March 2020. We returned to routine SCCIF inspections on 12 April 2021.

We last visited this setting on 29 September 2020 to carry out an assurance visit. The report is published on the Ofsted website.

Inspection dates: 26 and 27 October 2021

Overall experiences and progress of children and young people, taking into account	requires improvement to be good
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How well children and young people are helped and protected	requires improvement to be good
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The effectiveness of leaders and managers	inadequate
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The children's home is not yet delivering good help and care for children and young people. However, there are no serious or widespread failures that result in their welfare not being safeguarded or promoted.

Date of last inspection: 6 March 2019

Overall judgement at last inspection: outstanding

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
06/03/2019	Full	Outstanding
03/10/2017	Full	Outstanding
08/03/2017	Interim	Improved effectiveness
15/11/2016	Full	Outstanding

Inspection judgements

Overall experiences and progress of children and young people: requires improvement to be good

Many children have made progress during their short-break stays in the care of committed and nurturing staff who know them well. In recent months, the short-breaks service has been closed temporarily. This is due to the admission of two children in an emergency. No formal written matching considerations are in place to confirm how the match has been assessed in relation to the children's complex needs.

A depleted staff team has led to a greater number of agency staff caring for the children to ensure safe staffing levels. As a result, the relationships between the children and staff are not consistently strong. This has affected the children's behaviours and has led to incidents whereby the children have harmed themselves and the staff.

The children benefit from having strong advocates in their lives. They represent the children's wishes and feelings and make sure that the children's best interests are represented effectively.

The staff support and facilitate the children's education. One child's positive engagement with a dedicated home tutor helps the child to learn and provides them with a daily structure. The staff work with education providers to help another child to access a suitable education package that can meet their needs.

Children's engagement in activities helps them to relax, for example taking drives out, playing football, trampolining in the garden, and enjoying foot massages.

The staff support the children to obtain the appropriate primary and specialist health support that they need. As a result, the children's physical and emotional health needs are met and they are kept under review.

Children's contact with their family and friends keeps them connected with their loved ones. However, not all parents feel that the staff keep them consistently informed about their child's progress.

Complaints are taken seriously and responded to appropriately.

How well children and young people are helped and protected: requires improvement to be good

Children are cared for safely. There are no known exploitation risks that could have an impact on the children's significant vulnerabilities. One family member described their child's safety as, 'Ten out of ten, without a doubt.'

Staff understand their responsibility to report any safeguarding concerns. High staffing levels and close supervision of the children reduce opportunities for them to go missing. Children's risk assessments, safety, and behaviour management plans identify individual risks and strategies that reduce the risk of harm to the children.

Effective partnership working with health professionals is helping to reduce some of the risks that children present. One health professional said, 'From a risk perspective, [Name of the child] is much calmer and safer in himself.' Not all agency staff have signed the risk management documents to confirm that they have read and understood the plans. This practice has not caused the children any known harm. However, it does not promote a shared understanding of the risks and does not promote consistent practice.

Children have been involved in frequent incidents, some of which have resulted in the use of physical interventions. The physical intervention records do not include staff debriefs and the children's views consistently. As a result, the current practice does not meet the regulations. The manager has reviewed the incident records retrospectively. Although the management oversight of these records has not identified any safeguarding concerns, it is not clear how the gaps in practice have been rectified.

The effectiveness of leaders and managers: inadequate

The registered manager has recently returned to work following a period of absence due to sickness. High staff sickness levels are prevalent within the staff team. This has been due to the impact of the frequent physical incidents on the staff when the children have displayed dysregulated behaviour. A manager from another service is supporting the registered manager and core staff team during this turbulent time.

A substantial number of agency staff fill the gaps in staffing to provide safe ratios for the children. However, the turnover of the staff has been high. Staff practice has been inconsistent. Gaps in the management oversight have led to missed opportunities for managers to evidence the extent of the children's progress. For example, they are not setting and monitoring achievable goals for the children.

The registered provider has not checked the childcare competence of the agency staff. This does not provide robust assurances that the staff are suitable and are practising within the statement of purpose.

The practice issues relating to some of the agency staff have not been resolved, despite the regular meetings between the provider and the agency. Furthermore, a book that was introduced to improve the communication between the core staff and agency staff has not been read by all staff who are caring for the children. There are no formal debriefs that focus on matters that can be shared with the agency. This weakens the opportunities to improve communication and raise standards.

Management monitoring has not identified and rectified the recording gaps in the medication records for controlled medication. This is not safe practice. The two requirements linked to the independent person reports and the review of the quality-of-care reports made at the last inspection have not been met. They are repeated following this inspection. The one recommendation linked to risk assessments made at the last inspection has been met.

The staff have not been supervised for several months. This is not compatible with the statement of purpose. It does not provide the staff the time to reflect on their professional practice, training and progression. Although daily handovers take place, the absence of team meetings does not enable the staff team to meet and discuss the children's progress and the running of the home. This has affected the morale of the staff team. Not all staff feel that managers keep them informed about the developments in the home.

The premises are not presented to a high standard throughout. For example, the carpets in the area where the children spend a lot of time are not clean. The unpleasant smell in one child's bedroom had not been detected and eliminated by the staff. The build-up of leaves where the children play outside presents a potential health and safety hazard.

Professionals and a family member speak in positive terms about the staff and how well they care for the children and safeguard them.

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— understand and apply the home's statement of purpose; ensure that staff— provide to children living in the home the physical necessities they need in order to live there comfortably. (Regulation 6 (1)(a)(b) (2)(a)(b)(vii)) This refers specifically to the registered manager ensuring that all aspects of the premises and garden are maintained to a good standard and the malodour in the bedroom is eliminated.	3 December 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— understand the impact that the quality of care provided in the home is having on the progress and experiences of each	3 December 2021

child and use the understanding to inform the development of the quality of care provided in the home; and 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)(h)) This refers specifically to the registered manager carrying out a review of the service to ensure that it still meets the aims and objectives of the statement of purpose by: checking the suitability of the agency staff and improving communication between the home and the agency: monitoring the medication records to ensure that controlled medication is signed off appropriately; providing matching documents for the children. This also refers to the registered manager making all information available for inspection.	
The care planning standard is that children— receive effectively planned care in or through the children’s home; and have a positive experience of arriving at or moving on from the home. In particular, the standard in paragraph (1) requires the registered person to ensure— that each child’s relevant plans are followed. (Regulation 14 (1)(a)(b) (2)(c)) This refers specifically to the registered manager ensuring that children’s care plans clearly show how the staff support children’s day-to-day experiences, set achievable goals and keep them under review.	3 December 2021
The registered person must ensure that all employees— undertake appropriate continuing professional development; and receive practice-related supervision by a person with appropriate experience. (Regulation 33 (4)(a)(b))	3 December 2021

This refers specifically to the registered manager ensuring that all staff receive practice-related supervision at regular intervals.	
The registered person must ensure that— within 48 hours of the use of the measure, the registered person, or a person who is authorised by the registered person to do so ('the authorised person')— has signed the record to confirm it is accurate; and within five days of the use of the measure, the registered person or the authorised person adds to the record confirmation that they have spoken to the child about the measure. (Regulation 35 (3)(b)(ii)(c))	3 December 2021
The independent person must provide a copy of the independent person's report to— HMCI. (Regulation 44 (7)(a)) Specifically, ensure that the independent visitor reports are sent to Ofsted promptly. This requirement is carried over from the previous inspection.	3 December 2021
The system referred to in paragraph (2) must provide for ascertaining and considering the opinions of children, their parents, placing authorities and staff. (Regulation 45 (5)) This requirement is carried over from the previous inspection.	3 December 2021

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: SC066651

Provision sub-type: Children's home

Registered provider: Sheffield City Council

Registered provider address: Sheffield City Council, Town Hall, Pinstone Street, Sheffield S1 2HH

Responsible individual: Carly Speechley

Registered manager: Julie Wiseman

Inspector

Jacqueline Malcolm, Social Care Inspector

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