Inspection report for children's home

Unique reference number	SC067753
Inspection date	16/06/2011
Inspector	Keith Riley
Type of inspection	Full
Provision subtype	Children's home

Date of last inspection	09/02/2011

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

The setting providers care and support for children and young people with both physical and learning disabilities, some of whom may display challenging behaviour. The service provided is predominantly respite care although longer-term placements are catered for. One wing of the building is equipped and adapted with mechanical aids to meet the needs arising from physical disabilities. The other wing is suitable for those who do not have a physical disability. The home is registered for a maximum of 16 children. At the time of the inspection 29 children were accessing the service.

Overall effectiveness

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

Children benefit from an enthusiastic and motivated staff team who are well trained. There is an individualised approach to support the complex needs of the children and as a result, their outcomes are good. The frequency of incidents where children are presenting with extremely challenging behaviours is decreasing.

Although the overall effectiveness of the service is judged as satisfactory, leadership and management is judged as inadequate. The main areas of concern relate to keeping adequate records to plan, record, monitor and inform practice. Some records are not clear or up to date such as behaviour management strategies and analysis of incidents to inform future practice. Other information is missing such as actions taken around safeguarding concerns and the outcomes. Children stay in a safe and pleasant environment that is generally well maintained. However, management systems in place are not identifying some key health and safety requirements such as the routine servicing of hoists. There is an adequate medication policy in place and staff are diligent at following procedures. However, some records, such as consent to covert administration of medication, are not clearly agreed or up to date.

Five requirements and three recommendations are made as the result of this inspection.

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
12A (2001)	ensure all placement plans are prepared in accordance with the provisions in regulation 9 of the Care Planning, Placement and Case Review (England) Regulations 2010 (Regulation 12A (1))	15/08/2011
23 (2001)	ensure that all parts of the home to which children have access are so far as reasonably practicable free from hazards to their health and safety (Regulation 23 (a))	15/07/2011
31 (2001)	ensure all parts of the home used by children is equipped with what is reasonably necessary in order to meet the needs arising from the disability of any child accommodated in the home (Regulation 31 (2) (f))	15/07/2011
4 (2001)	ensure the Statement of Purpose consists of a statement as to the matters listed in schedule 1 (Regulation 4 (1))	15/08/2011
16 (2001)	ensure written records are kept of any allegation of abuse or neglect, and of the action taken in response (Regulation 16 (2) (d))	15/07/2011

Recommendations

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

- ensure physical restrictions on normal movement within the home are agreed with the responsible authority and, if appropriate, the parents (NMS 10.4)
- review incidents of challenging behaviour regularly, examine trends and issues emerging from this, to enable staff to reflect and learn to inform future practice (NMS 3.21)
- ensure medicines are administered in line with an agreed (and medically approved) protocol notably the current practice of covert administration is known and agreed by those with parental responsibility and health professionals in line with Royal Pharmaceutical Guidelines. (2.53 Children Act 1989 Volume 5 Guidance and Regulations)

Outcomes for children and young people

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

Children benefit from healthy eating. Staff liaise with the school to ensure there is a varied and balanced menu that is not replicating school meals. Staff are aware of dietary needs and support children to choose their meal. Meal times are an ordered social occasion with staff supporting children with their social skills.

Children's health needs are identified and met. Staff ensure that they seek professional advice when necessary. Children are prepared well for health appointments they may have difficulty with such as the dentist. Anxieties are minimised using social stories and picture exchange communication systems for children who have communication difficulties.

Parents say staff are very attentive to the children's preferences and well being, they say, 'it is like a second home'. Any minor difficulties are sorted quickly and easily. Children have good contact with their parents and staff are accessible to discuss the current and future needs of the children. Parents are not always informed in the case when physical restraint is used. However, incidents of this nature are diminishing.

Children make good use of a variety of leisure activities, either in the community or within the home. These opportunities include, for example, swimming, visiting local parks, cooking or art. Staff promote access according to the needs of each child so children can enjoy the range of activities available. They consider the best way to support and communicate with children such as using prompts, rewards or objects of reference. Children are encouraged to develop their skills such as getting on and off the mini-bus independently. As a result children's confidence and social inclusion are successfully developed. Parents say staff are 'very attentive to my child's preferences and work extremely hard at keeping my child constructively entertained'.

All children who stay permanently at the home are in full time education and attendance rates are high. There are good personal education plans in place. School reports demonstrate children are developing according to their cognitive ability. All children are meeting targets that have been set out in their Personal Education Plan. Children's needs are under constant review through good links with the schools attended.

Children learn independent living skills at their own pace. This might include personal care tasks and self-help skills that will help prepare them for adult life.

Children benefit from good levels of contact with their families and people who are important to them. Contact is fully facilitated by care staff, who support individuals to receive visitors or have home visits.

Quality of care

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

Children are cared for by staff who understand their needs. Strategies to manage challenging and violent behaviours are known by staff. There is a debrief at the end of a shift when any major incidents are discussed.

Children placed in the home have various degrees of communication difficulties. However, the placement and care plans do not clearly indicate what these are. Placement or care plans are not produced in a format that is suitable for a child with communication or learning difficulties to understand. Therefore, it is unclear if children had contributed to their care plan. Records show that placement plans are reviewed regularly. Each child has an allocated key worker who ensures that monthly summaries are completed and care plans highlight individuals' diverse and cultural needs.

Children's health needs are met in consultation with other professionals. Staff are trained in medication handling and there is a clear policy in place. Consents are obtained on admission for the covert administration of medication.

Children benefit from the consistent relationships that are in place between them and their key care worker. Key staff demonstrate motivation and continued interest in the welfare of individuals. Children benefit from their key worker identifying and facilitating special and memorable events. Children are treated respectfully by their carers and a reciprocal respect is promoted between the group.

Children readily make their personal preferences and choices known, through the consistent use of alternative communication systems. For example young people choose meals or activities according to their own taste and preference. There are generic risk assessments in place for activities that are under regular review. However, children do not always have specific risk assessment to meet their individual needs, for example children enter the kitchenette when there are known historical risks in that environment. Staff react to guide the children away from the hazards rather than a planned approach to managing the behaviour.

Children's bedrooms are effectively decorated and furnished. Children can personalise them to their own taste, which helps them recognise their own space. Children can see their visitors in their own rooms.

Children's views and wishes are sought on a daily basis and at monthly children's meetings using communication tools applicable to their particular need. They are able to choose what they want to do and express their mood. Staff are fully aware of children who need 'now and next' symbols to minimise anxieties. There is a complaints procedure in place. There have been no complaints from children since the last inspection. There has been two complaints from parents that were dealt with satisfactorily. However, records showed that concerns raised by parents in telephone calls are not always dealt with as an informal or formal complaint or follow any other procedure such as safeguarding.

Safeguarding children and young people

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

Staff know and understand the child protection procedure. They complete relevant paperwork and inform management about any safeguarding concerns. However, some records are unsigned and undated. There are not clear written records showing the child protection considerations management have taken and the involvement of other professionals in reaching decisions.

Staff are trained in the home's approved behaviour management restraint techniques and apply these strategies when only really necessary. Non-verbal clues from young people indicating how they are feeling are readily picked up by staff and acted upon. There are no clear definitions of terms used by staff to describe known indicators when children are becoming highly agitated. Although staff clearly understand the terms their responses are inconsistent. There are not clearly written agreed protocols with parents and professionals. The resultant inconsistencies in the approach used, may at times, be interpreted as restrictive practice. Incident forms contain all the relevant information and there is a debrief at the end of the shift. However, there is no formal reflection to analyse trends and inform future care practices.

The home maintains satisfactory checks on prospective staff, which are clearly recorded. This means that young people are cared for by suitably cleared staff. The ongoing suitability of staff including agency staff is well monitored. There is a high number of agency staff on occasion at maximum levels permitted by minimum standards.

There are no recorded incidences of children going missing from the home. This is not identified as a current issue. However, there are polices and procedures in place should children be assessed as a high risk of going missing.

Bullying is not identified as an issue at the home. Staff are attentive to the group dynamics and the impact of any challenging behaviours on others and take appropriate action to minimise any distress.

Leadership and management

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

The four previous actions made at the last inspection are addressed satisfactorily. The locking of bedroom doors to enforce compliance no longer occurs, staff receive formal supervision at monthly intervals and fire drills are held regularly. Matters set out in Schedule 6 are being monitored. However, there are some discrepancies around dates of incidents.

The recommendation to put in place a more robust system to confirm servicing of gas and electrical equipment is completed.

The aims in the Statement of Purpose are not clear as to whether the home receives emergency admissions. It does not meet the requirement set down in regulation such as including the experience and qualifications of staff and the use of closed-circuit television.

Although the home demonstrates clearly that the needs of the children are at the centre of what they do, individual placement plans and care plans are not used effectively to plan, record or monitor overall care needs. As a result their support is poorly managed. Information is lacking in working files such as known behaviours, risk assessments specific to individual children and night-time routines. This results in an inconsistency of approach and agency staff not always knowing what to do. Important records such as behaviour management practices and medication consents are not clear or up to date. Subsequently different techniques are used by staff such as when to administer medication prescribed 'as and when required'. Behaviour management approaches that are not agreed by parents and relevant professionals could be construed as restrictive practice. There is not a clear audit trail in place to link incidents to inform future practice. As a result of poor management systems children are at risk of not developing self-management competencies or changing behaviours.

There are regular health and safety audits in place that identify risks. However, these are not robust and serious shortfalls were found such as the routine servicing of hoists, inadequate supplies in first aid kits and hazards in the outside play area not being identified.

There has been one reported minor accident while using existing modified equipment which is not suitable to meet the manual handling needs of children with physical disabilities. The management have identified the specialist manual handling equipment that is required. However, this has not been purchased. Children and staff are at risk of injury.

The promotion of equality and diversity is satisfactory. Children's individual needs in relation to their ethnicity and family backgrounds are considered. Staff ensure that children celebrate particular festivals in accordance with their individual cultural backgrounds.

There are adequate management systems in place to ensure staff have regular training and supervision. Staff are trained in the home's approved behaviour management techniques. Staff are kept up to date with regular refresher courses. At

the time of the inspection this meant that a high number of agency staff were on duty, at maximum limits allowed in minimum standards, resulting in a shortage of approved mini-bus drivers. This disadvantaged children dependent on transport to activities.

Equality and diversity practice is **satisfactory**.