

Inspection report for children's home

Unique reference number	SC067753
Inspection date	16/05/2013
Inspector	Keith Riley
Type of inspection	Full
Provision subtype	Children's home

Date of last inspection	18/01/2013
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Service information

Brief description of the service

This local authority children's home provides care and support for a maximum of 16 children and children with complex needs. The home can accommodate children and children with both physical and learning disabilities, some of whom may display challenging behaviour. The home can provide permanent placements or short breaks.

The inspection judgements and what they mean

Outstanding: a service of exceptional quality that significantly exceeds minimum requirements

Good: a service of high quality that exceeds minimum requirements

Adequate: a service that only meets minimum requirements

Inadequate: a service that does not meet minimum requirements

Overall effectiveness

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

Staff have high aspirations for all children in their care. Outcomes for children using the service are good. Children have very positive relationships with staff and feel their needs are met. Staff have effective relationships with parents, carers and external professionals, ensuring highly individualised care.

Children have a voice in this home. Staff are trained in, and use the preferred method of communication for each individual child. Children are safe and say they feel safe in the home.

The Registered Manager is aware of the strengths and weaknesses of the service and has a written development plan in place. There is a culture of continually striving to improve the service and secure positive outcomes for children who live or stay in the home.

Recommendations for improvement from this inspection are about the quality of some record keeping and training, and the timeliness of reports sent into Ofsted as required by statutory guidance. One further recommendation is made around the testing of portable appliances brought into the home.

Areas for improvement

Recommendations

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

- ensure there is a system in place to monitor the quality and adequacy of record-keeping and take action when needed (NMS 22.1)
- ensure staff receive high-quality training, in particular for specialist health needs (NMS 18)
- consider the frequency of portable appliance testing, in particular for equipment brought into the home by children or parents (NMS 10)
- send a copy of Regulation 34 reports to HMCI at six monthly intervals. (Volume 5, statutory guidance, paragraph 3.14)

Outcomes for children and young people

Outcomes for young people are **good**.

Children benefit from being able to make trusting relationships with members of staff. They are offered close support, and this enables them to feel safe and supported and to develop their personal skills and life skills to their full potential. Children, with severe communication difficulties, indicate the staff are 'great'. Parents say their children are very happy to come and stay at the home. The consistent structure and strategies put in place to support the children to manage their behaviour enables them to become more settled. This leads to a decrease in volatile and challenging behaviours. Children benefit from intensive and well thought out staff support. Professionals say that young people, 'remain very settled and there are no concerns.'

Children prosper from having their health needs promoted to a good standard. Specifically, they have their physical and social well-being nurtured, promoted and protected. The children benefit from having any specific health needs, such as epilepsy, met in a sensitive and supportive manner.

Children make good progress with their education. They gain from living in an environment where their progress is valued, promoted and celebrated and their educational outcomes significantly improve, especially when bearing in mind their starting points and disabilities. Attendance at school for children is excellent, and children benefit from living in an environment where school attendance and the value of education and development of life and social skills are embedded in the culture.

Additionally, children are encouraged and enabled to take part in positive and stimulating activities in the community. They receive very careful and sensitive support if they need it in order to attend some activities, for example the level of staffing is identified for specific activities for individual children. Children, who struggle with social integration, are able to participate and enjoy activities that, at one stage, were thought impossible, such as going to a restaurant. As a result of

this, children's social skills and confidence make a marked improvement. Parents say, 'My child can now go out and do things' and, 'The home is amazing.'

Children benefit from well-prepared plans to develop their life skills and independence, where this is appropriate. These plans outline what support and strategies are needed in order to assist them to develop their life and independence skills to their fullest potential. There is close cooperation and working with adult services to ensure the smooth transition to adult homes when children reach the relevant age.

Quality of care

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

Children benefit from positive and constructive relationships with staff who are in tune with children's individual needs. Good quality placement plans inform staff how to effectively support each individual child. Staff are very knowledgeable about individual children's level of understanding and comprehension associated with disability. This includes the way each child communicates and the response of staff to certain behaviours. As a result staff engage with children appropriately to provide the support and reassurance children need to reduce their anxieties.

Children benefit from living in a home where their views and feelings and welfare are seen as central to practice. They gain from being able to voice their opinions in a number of ways. Their different methods of communication, such as picture exchange or signing, are valued and understood by the committed staff team. Other nuances are recognised by staff who understand the individual needs of each child. This means that children live in a calm and supportive environment where their needs or wants are readily picked up and acted upon.

Children do not have the ability to understand the concept of making a complaint. Instead they use non-verbal communication and behaviour to show when they are feeling sad, unhappy or poorly. Staff are vigilant and identify when something is wrong and make every effort to find out what the problem is and sort it out. Children's parents feel that they are able to raise any concerns they may have about their child's care with staff and that their worries are taken seriously and dealt with properly. There have been no complaints since the last inspection.

Staff seek out advice and guidance from a range of health professionals to address the health needs of individual children. Placement plans are updated in response to changing circumstances and significant incidents. Staff are extremely attentive to each child and record key information relating to their progress on a daily basis. Information is effectively shared to ensure the best quality care is being delivered.

Staff consistently have very high aspirations for all children in their care. Staff ensure that the daily routine supports children's participation in education and school attendance. Staff support educational placements with robust communication between the service and school to form plans and targets. Children make good

progress in relation to their starting points.

The promotion of equality and diversity is good. Staff understand children's individual strengths and needs. There are consistent working practices which focus on enhancing children's quality of life. Staff show a good understanding in relation to the emerging sexuality of disabled children. They use strategies, such as social stories, to ensure children are aware of and understand the changes to their body during puberty.

Medication is stored appropriately and there is a thorough system to ensure safety when administering. This includes prompt action to explain any anomalies such as a missing signature on a medication administration record. Regular contact with health professionals and parents ensure that staff have the most up-to-date medical information for each child. Emergency protocols are clear and accessible for staff to act quickly. Essential information is readily available for health professionals if necessary.

Children routinely take part in leisure activities at home and in the community that enable them to follow individual interests and hobbies. Children enjoy a range of activities such as accessing the sensory room, outdoor play or going to local restaurants and parks. Children are building confidence in their abilities and social skills and enjoy the same social experiences as other children.

The service operates within a purpose-built environment that provides ease of access for children with mobility difficulties. Specialist equipment, including overhead hoists and assisted baths, are widely available and contribute to safe care practices. Children can personalise their rooms with picture and posters. This gives them a sense of identify and belonging.

Safeguarding children and young people

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

Staff are not risk averse and aim to provide opportunities for children to experience new social and recreational activities during their stays. All staff are made aware of the individual needs and potential risks associated with the behaviours of the children with whom they work. Risk assessments are used and allow staff to identify areas of potential concern relating to each young person. Although the vast majority of risk assessments and positive handling plans are up-to-date, a small number have not been subject to a recent review. Staff show a good knowledge of the needs of each individual child and children are not at immediate risk.

Due to their disabilities, a number of children can present with behaviours that can result in them causing harm to themselves and others. In such instances, staff deploy individual behaviour management strategies. Physical interventions are only ever used if it is felt a child is putting themselves or others at risk. Staff are trained in restraint and de-escalation techniques. Staff promote positive behaviour and help children understand in appropriate terms the consequences of their actions and their

impact on others. This means that interventions are low-level guidance and the number of interventions has reduced.

All staff undertake safeguarding training and are aware of their individual responsibilities to report any concerns. Staff are diligent in noting on a body map any unexplained marks or bruises they observe on a child. There is effective liaison with parents, social workers and other professionals to conclude children are not at risk of harm.

Children are cared for by staff who have been deemed suitable to work with vulnerable children. Staff are recruited through a rigorous recruitment process and can only assume their full responsibilities when they have demonstrated their competence in key areas. Staff access regular training opportunities to ensure they have the necessary knowledge and skills to meet changing demands. However, some training for specialist health needs, such as gastrostomy tube feeding, utilises a 'buddy training' system.' Although children are not at immediate risk, training is not of the highest possible quality, for example by using qualified nursing staff as trainers. The Registered Manager had already identified this shortfall.

Children are protected from external intrusion and access to the site is extremely limited. All visitors have to report to staff, identify themselves and sign in before being provided entry. There is clear guidance for staff to follow in the event of a fire and full evacuations are carried out at regular intervals. Specialist equipment is subject to regular maintenance. However, some electrical equipment recently brought in by parents, has not been identified as requiring immediate testing.

Leadership and management

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

Children benefit from consistent and excellent standards of care from a professional and enthusiastic staff team. The staff's enthusiasm is stimulated by exceptional leadership from the Registered Manager. There is strong, visible leadership which promotes high quality care and positive outcomes for children. The professional, motivating and supportive environment creates a happy and caring atmosphere in the home. Children receive care from a staff team who are themselves highly supported and enthusiastic about their roles. Staff, parents and professionals speak in extremely positive terms about the new Registered Manager. He ensures there is extremely good support, supervision and guidance of staff to ensure that the complex needs of children are met.

The Registered Manager promotes training and there is an expectation that all staff will continually update their professional knowledge and skills. Staff say they, 'are impressed with the amount of training.' The shortfall in high-quality training for specialist health needs had already been identified by the Registered Manager, who has plans in place to address this.

A detailed Statement of Purpose clearly sets out the services provided in a succinct

way, ensuring that parents and placing social workers understand the home's aims and objectives. Information is provided for children in a concise children's guide in a pictorial format.

Sufficient staff are employed to ensure children receive a consistent service. Permanent bank staff are employed to provide reliable cover when staff are on leave or ill. The staff group work effectively as a team to provide stability and continuity that is fundamental in delivering positive outcomes for children. Parents say the staff team are 'amazing.'

A comprehensive range of policies and procedures, which are subject to regular review, provide the basis for efficient working practices. The home has well-established recording systems and the vast majority of records are accurate. However, in one case the current profile of one child was out of date and in another case the record of fluid intake was inconsistent. The systems in place had not yet identified the shortfall. Other monitoring arrangements are generally effective. Significant events are notified promptly and dealt with appropriately to improve practice where possible. Visits by an independent visitor in accordance with regulation ensures there is regular external monitoring of the service. Children benefit from a service that is under regular review and continuous improvement. However, one internal monitoring report has not been sent to Ofsted at the frequency recommended in statutory guidance.

The Registered Manager has a grasp of the strengths of the service and any areas to improve upon. He has a written development in place to, for example, further improve the outside play area and for staff to visit other services to inform the best possible future practice.

The previous requirements to ensure there are suitable fire precautions in the adjacent building and the repairs are completed on the specialist bath have been met in full. Likewise, the previous recommendations to ensure there are clear protocols for 'as and when required' medication and environmental hazards are suitably managed have been met.

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* and the evaluation schedule for the inspection of children's homes.