

SC358046

Registered provider: The Senad Group Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is privately operated and there is a school on the same site. The home provides care for up to 32 children with autism spectrum disorder, Asperger syndrome, acquired brain injury and/or communication difficulties. Most children living in the home return to their family home for the school holidays.

The manager registered with Ofsted in 2014.

The inspectors only inspected the social care provision at this school.

Inspection dates: 18 to 20 July 2023

Overall experiences and progress of children and young people, taking into account	good
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How well children and young people are helped and protected	good
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The effectiveness of leaders and managers	good
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The children's home provides effective services that meet the requirements for good.

Date of last inspection: 24 August 2022

Overall judgement at last inspection: requires improvement to be good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
24/08/2022	Full	Requires improvement to be good
09/05/2022	Full	Inadequate
06/07/2021	Full	Good
10/07/2019	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: good

Managers and staff provide children with a nurturing home environment. Staff speak about children with enthusiasm, warmth and care. The home is furnished and decorated to a good standard. Children are consulted about the colour schemes throughout and have personalised their bedrooms. The home environment reflects that children's needs are put first.

Children have made significant progress in education. Staff proactively set out their expectations for children's education from the outset of the placement. This means that any barriers that children face to educational attainment can be addressed. For some children, this has resulted in a significant improvement in their educational attainment. For example, one child had previously been out of education for over two years and is now attending full time. Detailed handovers and joined-up working between the home and school mean that learning is transferred between both settings, for example children's independence and socialisation skills.

Children are supported to develop their independent living skills where appropriate and safe to do so. For example, some children are encouraged to manage their own medication. Children are enabled to take age-appropriate risks. The leaders and managers have recently introduced independent living booklets for the children. These guide children through age-appropriate activities and scenarios, which supports them to develop their skills and build their social resilience.

Children's access to activities has been limited. Despite staff providing home-based activities to suit children's individual interests, opportunities for activities outside the home have reduced. The remote location of the home is a contributory factor. However, children and parents say the lack of staff who can drive limits leisure opportunities for the children. Managers are exploring alternative solutions.

At times, staff use certain institutional phrases, such as 'students being back on house'. This language has become part of everyday conversations with children and can detract from the care and nurture staff provide.

Children's memories of their time at the home and achievements are captured in personalised books that they can read at any time and keep. These provide photographic memories that the children can cherish.

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

When safeguarding incidents have occurred, staff have been swift to respond. Staff have made referrals to other agencies, if needed, to ensure that children receive the right support. Joined-up working with the police and internal and external safeguarding professionals takes place to improve the safeguarding of children.

Children have their own internet-enabled devices that they bring from home. They can use these to access information online and keep in touch with their friends and family. Staff are aware of the risks that children can face when online, and suitable restrictions and monitoring systems are in place to offer an extra level of protection. When needed, children receive extra support and guidance regarding online issues to keep them safe.

Children's individual risk assessments are clear and thorough, which contributes to keeping children safe. These assessments are regularly reviewed and are used as live working documents by staff. The safety and protection offered to the children are strengthened through reflective discussions with staff and the therapy team. However, this learning could be strengthened further if it was routinely discussed in team meetings.

Despite a high number of staff being new, managers are working to ensure that the staff have a solid foundation of skills and knowledge. This is being achieved through a comprehensive training programme for staff. Staff training in relation to online safety is also delivered to parents to enhance the joint working between all those managing online safety risks. This ensures that children are provided with consistent approaches in care.

Missing-from-care incidents are rare. When these do occur, staff respond appropriately, and immediate action is taken to safeguard children. Staff have meaningful conversations with children, if the children have been missing, to alert them to the risks of this behaviour.

Medication administration processes are safe. When discrepancies are identified, these are thoroughly investigated, and appropriate action is taken. For example, following children's time with family, they now have a staggered return to the home, as this was identified as the time when multiple errors have previously occurred. Changes have enabled time to be allocated to booking medication back into the home, which has reduced the frequency of discrepancies.

Leaders and managers have recently implemented behaviour coaching. However, records lack specific detail and fail to evidence any depth to the work carried out with children following incidents. For example, one child's behaviour is described as 'disruptive', although the specific work to support the child to learn from situations is unclear. This prevents staff from carrying out focused work and supporting children's emerging needs.

The effectiveness of leaders and managers: good

The home is led by a compassionate and caring manager, who is supported by an experienced and enthusiastic care manager. They are both positive and ambitious to achieve good outcomes for children. This attitude has positively impacted staff. Staff comment that they feel happy and supported in their roles. Staff are motivated to ensure that children receive the support they need.

The departure of four experienced core members of staff led to a management restructure. The manager made the decision to have all members of the management team working in the individual homes, alongside staff members, to provide ongoing operational guidance and support. This has been welcomed by the staff, who have been able to see the benefits of this approach. One staff member said, 'I have never had so much support from a management team, they are amazing.'

Management monitoring systems are not thoroughly rooted into day-to-day management. This has led to shortfalls in management oversight. The current systems do not bring information together. For example, not all behaviours and mishaps have been recorded as incidents, which means that important information could be overlooked. Different members of the management team hold specific pieces of information. Although this has not resulted in a serious consequence, there is a potential for this to impact children.

The induction programme for new staff is robust and thorough. They receive relevant training and are given opportunities to learn from more-experienced staff who already have established relationships with the children. Staff are positive about the team. One staff member describes it as feeling 'like a family'.

Staff receive regular, reflective supervision. They are confident to ask for support from the manager. The recording of supervision has significantly improved. Staff are afforded the opportunity to participate in reflective discussions with the therapy team to support their learning from incidents. This helps the staff's professional development and provides the direction they need to provide good care for children.

Staff have a genuine sense of commitment and loyalty to the home and the children. The staff have developed effective working relationships with external professionals. As a result, multi-agency working is effective.

The manager is reflective about developing the home and the staff to ensure good outcomes for the children. There are development plans that continually improve the experiences for the children. The manager has met the requirement and recommendations from the last inspection.

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 leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children's home that— 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) (2)(h)) This specifically relates to ensuring that robust quality assurance and monitoring systems are in place and used regularly and that all incidents are recorded.	21 August 2023

Recommendations

- The registered person should ensure that children are offered a wide range of activities inside and outside of the home (where appropriate) and are encouraged to participate in those activities. Staff should support children to take part in clubs, volunteering and leisure activities. ('Guide to the Children's Homes Regulations, including the quality standards', page 31, paragraph 6.5)
- The registered person should ensure that the behaviour management strategy is understood and applied at all times by staff and is kept under review and revised where appropriate. ('Guide to the Children's Homes Regulations, including the quality standards', page 46, paragraph 9.34)
- The registered person should ensure that staff are familiar with the home's policies on record-keeping and understand the importance of careful, objective and clear recording. Staff should record information about individual children in a non-stigmatising way that distinguishes between fact, opinion and third-party information. Information about the child must always be recorded in a way that will be helpful to the child. ('Guide to the Children's Homes Regulations, including the quality standards', page 62, paragraph 14.4)

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: SC358046

Provision sub-type: Residential special school

Registered provider: The Senad Group Limited

Registered provider address: Senad Group Limited, 1 St George's House, Vernon Gate, Derby DE1 1UQ

Responsible individual: Mark Ryder

Registered manager: Karen Tatham

Inspectors

Zoey Lee, Social Care Inspector

Lizette Watts, Social Care Inspector

Helen Gronhaug, Social Care Inspector

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