Inspection report for children's home

Unique reference number	SC374640
Inspector	Barbara Davies
Type of inspection	Full
Provision subtype	Children's home

Registered person	Crossways Care Ltd
Registered person address	Unit 2, Chinon Court Lower Moor Way TIVERTON Devon EX16 6SS
Responsible individual	Shahnaz Susan Cole
Registered manager	Ryan Samuel Lewis Gamblin
Date of last inspection	14/01/2014

Inspection date	05/07/2014

Previous inspection	satisfactory progress
Enforcement action since last inspection	none

This inspection	
Overall effectiveness	**adequate**
Outcomes for children and young people	outstanding
Quality of care	good
Keeping children and young people safe	adequate
Leadership and management	adequate

Overall effectiveness

Judgement outcome	**adequate**

Overall, this is an adequate home with some good and outstanding features in which staff place the health, safety and welfare of children at the forefront of their practice. The overall judgement of adequate has been made due to the shortfalls identified in keeping children safe and leadership and management. Some of the home's staffing arrangements impact on the consistency of care provided. In particular, when staff are moved to work in other homes. Shortfalls are also identified within other aspects of the home's practice, such as record-keeping, the training of relief and care staff and lone working risk assessments.

Staff at the home have high aspirations for the children and support them to make exceptional progress in their development. Outcomes are greatly improved when compared to previous placements.

Children's needs are well met because of effective partnership-working with parents, carers and other professionals. Young people are clearly settled and comfortable in their environment and they mostly receive care from a staff team who know them well. Staff have a good understanding of the individual needs of children and of how these are to be met. Care planning is comprehensive and highly personalised.

Full report

Information about this children's home

This children's home is owned by a public limited company. The group has eight children's homes, three semi-independent units and a school. It provides care and accommodation for up to three children with emotional and/or behavioural difficulties and learning disabilities. At any given time, two children can be accommodated under short-break arrangements and one child can live at the home as a permanent living arrangement.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
14/01/2014	Interim	satisfactory progress
25/04/2013	Full	good
24/01/2013	Interim	good progress
07/09/2012	Full	good

What does the children's home need to do to improve further?

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
11 (2001)	ensure that the children's home is conducted so as to make proper provision for the care, education, supervision and, where appropriate, treatment, of children accommodated there. In particular ensure lone working arrangements are safe and that lone working risk assessments consider the competence of individual staff, alongside the needs of the young people (Regulation 11 (1)(a))	14/09/2014

17 (2001)	ensure physical restraints are recorded in the record of restraints and that records of sanctions and physical restraints contain all the detail required by regulations (Regulation 17 (B))	14/09/2014
25 (2001)	ensure that a written record is made of the outcome of any complaint received. (Regulation 24(5))	14/09/2014
29 (2001)	maintain in the children's home the records specified in Schedule 4 and ensure that they are kept up to date. In particular maintain a duty roster which provides an accurate account of the shifts worked by individuals and of any changes made(Regulation 29(1), schedule 4 (11)	14/09/2014

Recommendations

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

- ensure the home's location and design promotes children's health, safety and wellbeing. In particular investigate the issue with the bathroom floor and prov a safe external play area and play equipment for children to use as outlined within the home's development plan (NMS 10.2)
- ensure the overall number, competence and deployment of staff, both as a st group and on individual shifts, can fulfil the home's Statement of Purpose and meet the individual needs of all children resident in the home (NMS 17.1)
- ensure new staff undertake the Children's Workforce Development Council's induction standards, commencing within 7 working days of starting their employment and being completed within 6 months (NMS 18.3)
- ensure there are clear and effective procedures for monitoring and controlling activities of the home. In particular ensure that the home's development plan identifies timescales for addressing identified objectives (NMS 21.1)
- ensure that the reporting completed in line with Regulation 34 is evaluative of practice of staff; of the progress and outcomes being achieved by children; ar comments on whether the recording of restraints and sanctions meets regulations (NMS 21.1)
- ensure that visits of the home carried out under Regulation 33 include relevar checks set out in disciplinary measures and use of restraint and records of missing person's reports. In particular evaluate whether the home's recording restraints and sanctions meets regulations (NMS 21.7)

Inspection judgements

Outcomes for children and young people **outstanding**

Children make exceptional progress, particularly those in long term placements. Staff are enthusiastic and are committed to helping children progress in all aspects of their development. Through their empathetic approach they support young people to overcome some extremely traumatic events and to move forward. Social workers say that a lot of progress is made within a relatively short time of moving into the home, particularly in relation to improved health outcomes and communication skills.

Within statutory review reports there is also evidence of improved outcomes in relation to educational attendance and attainment. The transfer to a community-based school for one young person has been a very positive move and one through which he is gaining increased skills, knowledge and confidence. There are previous examples of young people making successful transitions to mainstream school and foster carers.

Children also make good progress in relation to managing their behaviour better and with their personal hygiene when compared to their previous placements. Incidents of physical restraint have reduced dramatically and in some instances it is now not used at all. As a consequence, children who experienced very high staffing ratios in previous placements now require less intense supervision. There is also a significant reduction in personal hygiene issues, such as defecating and urinating in areas of the home, which now rarely occur.

Children have access to a wide range of interesting and stimulating activities within the local community and this keeps them fit and healthy alongside providing them with opportunities to acquire interests, such as going on walks in the country, that they will benefit from later in life. The planning of group activities takes into account the particular needs of the children participating, which enables all children to obtain optimum benefit and enjoyment.

Children develop a really good understanding of their time in the home because staff maintain a pictorial daily diary that children can use to reflect on their time in the home and take with them when they leave. Staff work closely with social workers and together they help children understand their experiences before coming to the home. They are sensitive to the circumstances of individual children and act in line with the stated requests of social workers and parents.

Children have good opportunities to influence their care and staff enable those who cannot communicate verbally to do so using alternative methods. They consult with children using their preferred method of communication, which may be through the use of pictorial aids. The views of other people who are important to children, such as

parents, carers and social workers, are regularly sought and valued highly.

Quality of care **good**

Complaints procedures are well publicised in a variety of formats that children, their parents and carers understand and know how to use. There is a strong commitment to delivering a high quality service for children. Consequently, any concerns expressed are thoroughly followed up so that action can be taken and improvements made where necessary. However, the conclusion of a complaint or child protection investigation is not always known by the Registered Manager or available within documentation in the home This does not allow for effective oversight or monitoring by the home's manager.

Children and young people have very sound relationships with the majority of staff. Social workers, parents and carers say that staff are genuinely and consistently concerned about the health, welfare and safety of the children they care for. Staff have high aspirations for children and staff talk of 'feeling very proud' of the achievements that young people make. Very high levels of satisfaction are expressed about the care that children receive. For instance a social worker commented: 'I am pleased with the level of commitment and support. The team have been very proactive in progressing his health and educational needs and always make me welcome when I visit.'

Comprehensive pre-admission assessments inform the day-to-day practice of staff. Staff are well informed about the individual care needs of children. Most staff consistently implement care plans confidently and sensitively. As a result of the highly personalised approach adopted by staff children mostly co-operate with their daily routines. Staff maintain the dignity and respect of the children by attending to their needs in the way they prefer. Staff regularly review and amend care plans to make sure they reflect the changing needs of children. A social worker commented:' (Child) has a complex health disability; I have been impressed by how well the staff have met his needs and the willingness to change their strategies to meet his changing needs.'

Health needs are well met. Staff seek specialist advice and support where new issues emerge. Consequently, children receive the treatment and services they require. Additional training is sourced should a child be admitted whose needs require a different set of skills to those that the team possesses. One placing social worker said: 'The staff have risen remarkably to the challenges presented by my young person.' The arrangements for the administration, storage, recording of medication are safe, as are the arrangements for transferring medication between placements.

Both those children who reside permanently in the home and those who visit for short breaks have access to a wide range of activities within the home and the local community. Specific equipment or aids required by children are obtained as required, which means they are able to be full participants in any organised activities. A range of stimulating activities helps children become confident in social situations. Staff support children to reach the same milestones as their peers and to enjoy the same experiences.

Staff consistently implement the strategies outlined within behaviour management plans and because of this there are few incidents. Staff establish very positive relationships with children and negotiate the completion of their routines in a calm and reassuring way. Children are familiar with their routines because staff take time to talk to them and, where necessary, use pictorial aids to help their understanding. Staff have an extremely good understanding of the things that individuals like and don't like and take this into account in the delivery of their care. Because of these strategies, the anxiety and frustration levels of children are generally low.

Professional relationships with partner agencies are extremely effective, with the needs of the children being the foremost consideration. A placing social worker said: 'We have been impressed by the professional approach. The managers have worked extremely hard and co-operatively with us to deliver the service we wanted. They have helped children to make a difficult transition in a seamless manner.'

The home consults regularly with children, parents, carers and social workers, and their views significantly influence the running of the home and care delivery. Staff consult with children by using a variety of communication techniques, which maximises their ability to make choices. Children are routinely given choices about the food they eat and the activities they want to do.

Keeping children and young people safe adequate

During the week, when only one child is resident, a member of staff usually works alone with the child. This is a higher risk strategy as incidents of poor practice may go undetected and there is no second person immediately available to support either the young person or staff member should difficulties arise. A safeguard is in place in respect of the on-call system but this is only effective if the on-call is not required elsewhere.

While a general risk assessment has been completed about lone working this does not take into account the skills, qualifications and experience of individual staff members alongside the particular needs of the young person. For instance, an unqualified staff member worked alone with a young person overnight after being in post for only six weeks. Although the decision was made based on prior experience, there was no risk assessment to demonstrate why the arrangement was considered

appropriate. In this instance the shift was a positive experience for the staff member and the young person who completed their routine and settled well at bed-time.

The home generally provides a safe environment as it is, in the main, well maintained and there is regular checking and testing of all appliances, electrical equipment and fire equipment. Children are very familiar with what to do in the event of a fire because they have practised the evacuation procedure. However, the lack of a fenced play area means that measures (for example, using reins for a child) are taken to keep some children safe, in line with parental requests, that potentially restrict their freedom.

Behaviour management strategies are mostly implemented in line with the home's policies and procedures. There are few incidents of physical restraint and, where it is used, records demonstrate that this is low level and have been used appropriately to keep young people safe. Records however do not contain all the detail required by regulations. In particular there is no evaluation of the effectiveness and consequence of the measure of control which means that an ineffective sanction could potentially continue to be used.

Child protection training for staff and an understanding of the home's whistleblowing practices equip staff with the skills and confidence to report any poor practice that they witness from colleagues. This enables concerns to be referred to the Local Authority Designated Officer (LADO), and the Disclosure and Barring Service for consideration.

Records kept in the home demonstrate a robust recruitment process to ensure that only those that are assessed as suitable are employed to work with children.

The analysis of risk is generally a strength in the home. Care plans and behaviour management plans clearly identify risks and protective factors for individual children. Staff are familiar with the strategies for managing the risks posed to and by individual children and most staff consistently implement these in practice, to positive effect. Parents say that their children are safe. There are, for instance, no incidents of children going missing. Bullying is not reported to be an issue and staff are alert to individual behaviour and traits displayed by children as a result of their diagnosis. They provide high levels of discreet supervision and engagement with children, which ensures unintended injuries are not sustained.

Leadership and management adequate

A small core team of permanent staff who are trained, well experienced and hold a relevant child-care qualification, undertake most of the work with children. They are supported in their role by a few regularly-used relief and agency staff. The small size of the team means that permanent staff know and understand the needs of the children well. However, sometimes permanent staff from this home are moved to

work in other homes, leaving relief or less experienced people on shift. The training for some relief staff is overdue, which could potentially be a contributory factor in an incident of poor practice that occurred during a particular shift.

The frequency of staff moving between houses is difficult to monitor as the duty roster is maintained centrally and is updated electronically. This system does not permit comparisons to be easily made between the planned rota and the rota actually worked in this home. Furthermore the central rota does not contain the same information as the log book about the staff who actually worked on shift. For instance, an agency member of staff was recorded in the log book as having worked but this was not noted on the duty roster.

An independent person visits the home each month to monitor and evaluate practice. Contact is made with parents during this process and this has enabled concerns to be voiced and investigated. Within reports there is also evidence that the experiences of children are considered through observation of practice, and discussion where possible. Although there is evidence that sanctions and restraints records are monitored as part of the visit there is no evaluation of how appropriate and effective the measures used are, and the report does not identify that the records do not contain the all the detail required by regulations. This is also the case in respect of the monitoring completed by the manager in line with Regulation 34

The home's manager was registered with Ofsted in January 2013. He does not yet hold the level 5 combined management and child-care qualification as specified in national minimum standards. He has, however, enrolled and aims to complete this by January 2015. The Registered Manager currently holds a level 3 National Vocational Qualification in caring for children and young people.

There is good management of health and safety issues. A recent programme of redecoration and refurbishment has had a very positive impact on both the environment and on staff morale. Visiting social workers comment very positively about the improvements made and about how the environment is much improved as a result. Further improvements are planned within the home's development plan, such as the creation of a safe external play area. However, timescales are not identified within the development plan and in the meantime there are only limited external resources available for children to use.

Staff are very well supported in their role by senior managers. Professional supervision takes place regularly and is of good quality. New staff receive an increased level of supervision and find this helpful in guiding and acquainting them with their role.

Placing authorities are kept well informed about the progress of children as the staff provide them with regular weekly and monthly updates. Serious incidents are notified to placing authorities and to other agencies, such as Ofsted, as required.

The home monitors the progress that young people make by regularly reviewing whether the targets outlined within placement plans have been met. Through informal discussion and the distribution of questionnaires, it also obtains the views of parents and placing authorities on how the home can better meet the needs of children. Questionnaire responses demonstrate high levels of satisfaction with the service.

What inspection judgements mean

Judgement	Description
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.

Information 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 framework of inspection for children's homes.