

SC374640

Registered provider: Crossways Care Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This children's home is registered to care for up to three children. It is part of a large national organisation.

Since the last full inspection, this home has been acquired by a new company.

A manager is in post and has applied to register with Ofsted.

Inspection dates: 18 to 19 July 2018

Overall experiences and progress of children and young people, taking into account	inadequate
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How well children and young people are helped and protected	inadequate
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The effectiveness of leaders and managers	inadequate
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There are serious and widespread failures that mean children and young people are not protected or their welfare is not promoted or safeguarded and the care and experiences of children and young people are poor and they are not making progress.

Date of last inspection: 17 October 2017

Overall judgement at last inspection: requires improvement

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
17/10/2017	Full	Requires improvement
04/07/2017	Full	Inadequate
16/03/2017	Interim	Sustained effectiveness
16/06/2016	Full	Good

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
6: The quality and purpose of care standard (1) The quality and purpose of care standard is that children receive care from staff who— (a) understand the children's home's overall aims and the outcomes it seeks to achieve for children; (b) use this understanding to deliver care that meets children's needs and supports them to fulfil their potential. (2) In particular, the standard in paragraph (1) requires the registered person to— (a) understand and apply the home's statement of purpose; (b) ensure that staff— (i) understand and apply the home's statement of purpose; (ii) protect and promote each child's welfare; and (v) help each child to understand and manage the impact of any experience of abuse or neglect. In particular, care should be consistent and reflect children's needs and take into account their previous experiences.	01/09/2018
11: The positive relationships standard The positive relationships standard is that children are helped to develop, and to benefit from, relationships based on— (a) mutual respect and trust; (b) an understanding about acceptable behaviour; and (c) positive responses to other children and adults. (2) In particular, the standard in paragraph (1) requires the registered person to ensure— (a) that staff— (i) meet each child's behavioural and emotional needs, as set out in the child's relevant plans; (ii) help each child to develop socially aware behaviour; (iii) encourage each child to take responsibility for the child's behaviour, in accordance with the child's age and understanding; (iv) help each child to develop and practise skills to resolve	01/09/2018

conflicts positively and without harm to anyone; (v) communicate to each child expectations about the child's behaviour and ensure that the child understands those expectations in accordance with the child's age and understanding; (ix) understand how children's previous experiences and present emotions can be communicated through behaviour and have the competence and skills to interpret these and develop positive relationships with children; (x) are provided with supervision and support to enable them to understand and manage their own feelings and responses to the behaviour and emotions of children, and to help children to do the same; (xi) de-escalate confrontations with or between children, or potentially violent behaviour by children; (xii) understand and communicate to children that bullying is unacceptable; and (xiii) have the skills to recognise incidents or indications of bullying and how to deal with them; and (b) that each child is encouraged to build and maintain positive relationships with others.	
12: The protection of children standard (1) The protection of children standard is that children are protected from harm and enabled to keep themselves safe. (2) In particular, the standard in paragraph (1) requires the registered person to ensure— (a) that staff— (i) assess whether each child is at risk of harm, taking into account information in the child's relevant plans, and, if necessary, make arrangements to reduce the risk of any harm to the child; (iii) have the skills to identify and act upon signs that a child is at risk of harm; (v) understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person; (vi) take effective action whenever there is a serious concern about a child's welfare; and (vii) are familiar with, and act in accordance with, the home's child protection policies; (b) that the home's day-to-day care is arranged and delivered so as to keep each child safe and to protect each child effectively from harm; and (e) that the effectiveness of the home's child protection policies is monitored regularly.	25/07/2018

13: The leadership and management standard (1) The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children's home that— (a) helps children aspire to fulfil their potential; and (b) promotes their welfare. (2) In particular, the standard in paragraph (1) requires the registered person to— (a) lead and manage the home in a way that is consistent with the approach and ethos, and delivers the outcomes, set out in the home's statement of purpose; (c) ensure that staff have the experience, qualifications and skills to meet the needs of each child; (f) understand the impact that the quality of care provided in the home is having on the progress and experiences of each child and use this understanding to inform the development of the quality of care provided in the home; (g) demonstrate that practice in the home is informed and improved by taking into account and acting on— (i) research and developments in relation to the ways in which the needs of children are best met; and (ii) feedback on the experiences of children, including complaints received; and (h) use monitoring and review systems to make continuous improvements in the quality of care provided in the home.	01/09/2018
14: The care planning standard (1) The care planning standard is that children— (a) receive effectively planned care in or through the children's home. (2) In particular, the standard in paragraph (1) requires the registered person to ensure— (b) that arrangements are in place to ensure— (c) that each child's relevant plans are followed; and (e) that the child's placing authority is contacted, and a review of that child's relevant plans is requested, if— (i) the registered person considers that the child is at risk of harm or has concerns that the care provided for the child is inadequate to meet the child's needs. In particular, ensure that all important information about children's current and historical needs and risks are known and understood by staff, and that the care that children receive reflects their past experiences and supports their emotional well-being and safety. In addition, ensure that care plans are relevant, clear and directive.	01/09/2018

23: Medicines (1) The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children's home. (2) In particular, the registered person must ensure that— (a) medicines kept in the home are stored in a secure place so as to prevent any child from having unsupervised access to them; (b) medicine which is prescribed for a child is administered as prescribed to the child for whom it is prescribed and to no other child; and (c) a record is kept of the administration of medicine to each child.	25/07/2018
32: Fitness of workers (1) The registered person must recruit staff using recruitment procedures that are designed to ensure children's safety. (2) The registered person may only— (a) employ an individual to work at the children's home; or (b) if an individual is employed by a person other than the registered person to work at the home in a position in which the individual may have regular contact with children, allow that individual to work at the home, if the individual satisfies the requirements in paragraph (3). (3) The requirements are that— (b) the individual has the appropriate experience, qualification and skills for the work that the individual is to perform. (4) For the purposes of paragraph (3)(b), an individual who works in the home in a care role has the appropriate qualification if, by the relevant date, the individual has attained— (a) the Level 3 Diploma for Residential Childcare (England) ("the Level 3 Diploma"); or (b) a qualification which the registered person considers to be equivalent to the Level 3 Diploma. (5) The relevant date is— (a) in the case of an individual who starts working in a care role in a home after 1st April 2014, the date which falls 2 years after the date on which the individual started working in a care role in a home; or (b) in the case of an individual who was working in a care role in a home on 1st April 2014, 1st April 2016. (6) The registered person may defer the relevant date if the individual— (a) does not work, or has not worked, in a care role in a home for a prolonged period; or (b) works, or has worked, in a care role in a home on a part-	01/09/2018

time basis.	
40: Notification of a serious event (4) The registered person must notify HMCI and each other relevant person without delay if— (a) a child is involved in or subject to, or is suspected of being involved in or subject to, sexual exploitation; or (e) there is any other incident relating to a child which the registered person considers to be serious. (5) A notification made under this regulation— (a) must include details of— (i) the matter; (ii) the other persons, bodies or organisations (if any) who or which have been notified; and (iii) any actions taken by the registered person as a result of the matter; (b) must be made or confirmed in writing.	01/09/2018

Inspection judgements

Overall experiences and progress of children and young people: inadequate

Too many staff do not know important information, including all of the risks, about the children they are caring for. Consequently, the care that children receive does not always take into account their past experiences and trauma.

Healthcare and medication are not well managed and lessons are not being learned from past incidents to help improve future experiences for children. For example, a child being given the wrong amount of medication for over 12 months as well as other incidents, including administering medication at the wrong time and staff not following basic hygiene practices.

In addition, a recent incident occurred which resulted in a child sustaining multiple injuries. Although staff immediately provided first aid to the child, the injuries were not seen by a medical professional until five days after the incident. Weaknesses in leaders' and managers' oversight of this incident resulted in a delay to assess an unexplained injury.

Leaders and managers do not review the impact that the use of electronic devices, including gaming consoles, have on the children's health and well-being. Children spend prolonged periods of time on such devices which too often creates conflict when children are asked to do other things. For example, stopping to eat dinner or going to bed.

Children regularly attend education. However, a recent exclusion had not been challenged or followed up by leaders and managers. As a result, the child did not have a

date for reintegration back into education until inspectors intervened to ensure that this issue was dealt with in a timely way.

Children's bedrooms are personalised and reflect their favourite things. The introduction of a kitten to the home has been beneficial and a really positive step for the children in building attachments and developing the skills to care for others.

Children are supported well by staff to spend time with their families. Staff facilitate these arrangements and work closely with local authorities to ensure that this time is positive and beneficial for children.

Despite a number of changes in the staff team, the inspectors observed some positive interactions and relationships between children and the staff. A social worker and the children spoke positively about these relationships.

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

Children's safety and welfare are not promoted effectively. Too many concerns have not been noted or dealt with by leaders and managers.

The management of medication is unsafe. Medication is not managed in accordance with the organisation's medication policy. As a result, children are placed at risk because staff are unclear about what they should be doing. Despite staff having recently completed safe administration of medication training, poor practice has continued. Insufficient action has been taken by leaders and managers to ensure that all staff are competent to manage medication safely. Urgent action is required to address this serious weakness.

Safeguarding concerns are not always identified and managed effectively as they should be. For example, a recent serious child protection concern was dealt with poorly and not in accordance with 'Working Together'. Leaders and managers did not properly report the incident to the designated officer. Consequently, this limited her ability to make a fully informed decision about what action to take. An internal investigation took place, but this too was weak and flawed in its exploration of what happened and why.

Other examples include incidents of a child going missing from school and returning home with unexplained amounts of money. In such instances, managers have not investigated thoroughly to ascertain and assess whether the child is at risk of exploitation. Urgent action is required to ensure that any concerns about children's welfare and safety are managed effectively.

Too often incidents occur where one child's behaviour has a negative and distressing effect on another child. During one such incident, staff were not supervising the children as required and the incident quickly escalated into something serious. Leaders and managers have made arrangements with the placing authorities to discuss these behaviours and to agree strategies about how to manage them in the future. While this is a positive move, it is too soon to judge the impact on children's health and protection.

The effectiveness of leaders and managers: inadequate

Recording systems are ineffective and make it difficult for managers to identify poor practice and to evaluate the level of risk for children. Incidents are not always recorded on 'incident reports'. Too often they are recorded on a different system that does not capture the severity of the incident and therefore minimises its seriousness and any implications for the future. Managers do not monitor this other system often enough and as a consequence follow up and/or preventative action is too slow.

Important information about children's current needs is difficult to find as it is written within the same records as historical and often out-of-date information. Senior leaders recognise some of the recording weaknesses and plans are underway to change the paperwork and recording systems. However, improving the recording weaknesses is taking too long as it means that new staff who are already working in the home do not have clear records to refer to.

Managers' auditing of medication and first aid kits is poor. Medication records show clear discrepancies in the recording and administering of medication. Where a discrepancy was identified, insufficient action was taken to locate the medication or ascertain what had happened.

Managers have not ensured that all staff have the skills, knowledge and required care qualification to provide consistently good care to children.

One serious and significant incident was not notified to Ofsted and other agencies in line with regulation. Information is not always shared in its fullness. This prevents external scrutiny and questions being asked about children's care.

Information about this inspection

Inspectors have looked closely at the experiences and progress of children and young people. Inspectors considered the quality of work and the differences made to the lives of children and young people. They watched how professional staff work with children and young people and each other and discussed the effectiveness of help and care provided. Wherever possible, they talked to children and young people and their families. In addition, the inspectors have tried to understand what the children's home knows about how well it is performing, how well it is doing and what difference it is making for the children and young people whom it is trying to help, protect and look after.

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: SC374640

Provision sub-type: Children's home

Registered provider: Crossways Care Limited

Registered provider address: Keys Group, Maybrook House, Queensway, Halesowen, Worcestershire B63 4AH

Responsible individual: Sharon Edney

Registered manager: Post vacant

Inspector(s)

Tracey Ledder: social care inspector

Paula Lahey: regulatory inspector manager

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