

SC406638

Registered provider: Winsbeach Children's Home Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

A private limited company operates this home. The director is also the registered manager. The home provides accommodation for up to three children who may have emotional and/or behavioural difficulties.

Inspection dates: 20 to 21 December 2017

Overall experiences and progress of children and young people, taking into account requires improvement to be good

How well children and young people are helped and protected requires improvement to be good

The effectiveness of leaders and managers requires improvement to be good

The children's home is not yet delivering good help and care for children and young people. However, there are no serious or widespread failures that result in their welfare not being safeguarded or promoted.

Date of last inspection: 1 March 2017

Overall judgement at last inspection: sustained effectiveness

Enforcement action since last inspection: none

Key findings from this inspection

This children's home requires improvement to be good because:

- Changes within the staff team have resulted in inconsistent care practice with young people.

- Young people's day-to-day experiences currently lack structure and routine.
- Some staff do not have the experience or skills to manage the extremely challenging behaviours presented by young people who have complex needs.
- Young people are not consistently engaging in education or direct work with staff.
- Young people's patterns of going missing from the home have become more frequent.
- Challenges to the responsible person in respect of safeguarding practice have negatively affected working relationships with some safeguarding partners.
- Not all safeguarding incidents that have occurred since the last inspection in March 2017 have been notified to the regulator.
- Safeguarding practice is not always consistent or collaborative.
- There are some shortfalls in the recruitment, supervision and performance management of staff.
- Risk assessments of staff involved in allegations are not sufficiently robust or realistic.
- The combined needs of young people living at the home have led to increasing pressure on staff and some unplanned endings to placements.
- Staff require additional training in managing challenging behaviours, gang affiliation and knife crime.

The children's home's strengths:

- The ethos of this home is good; despite the challenges presented, most staff are committed to young people.
- The home works with young people who often have the most challenging behaviours and complex needs.
- Young people are making some progress from their starting points.
- Overall, the manager and staff have positive working relationships with placing authorities.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
01/03/2017	Interim	Sustained effectiveness
18/10/2016	Full	Good
04/03/2016	Interim	Sustained effectiveness
07/10/2015	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
The registered person must notify HMCI and each other relevant person without delay if— (b) an incident requiring police involvement occurs in relation to a child which the registered person considers to be serious; (e) there is any other incident relating to a child which the registered person considers to be serious. (Regulation 40(4)(b)(e))	28/02/2018
5. Engaging with the wider system to ensure children's needs are met In meeting the quality standards, the registered person must, and must ensure that staff— (d) seek to develop and maintain effective professional relationships with such persons, bodies or organisations as the registered person considers appropriate having regard to the range of needs of children for whom it is intended that the children's home is to provide care and accommodation.	28/02/2018
12. The protection of children standard In particular, the standard in paragraph (1) requires the registered person to ensure— (a) that staff— (vi) take effective action whenever there is a serious concern about a child's welfare; and	28/02/2018

(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.	
13. The leadership and management standard In particular, the standard in paragraph (1) requires the registered person to— (c) ensure that staff have the experience, qualifications and skills to meet the needs of each child; (d) ensure that the home has sufficient staff to provide care for 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.	28/02/2018
14. The care planning standard The care planning standard is that children— (a) receive effectively planned care in or through the children's home; and (b) have a positive experience of arriving at or moving on from the home	28/02/2018

Recommendations

- Ensure that any individual appointed to carry out visits to the home as an independent person must make a rigorous and impartial assessment of the home's arrangements for safeguarding and promoting the welfare of the children in the home's care. ('Guide to the children's homes regulations including the quality standards', page 65, paragraph 15.5)
- Ensure that recruitment, supervision and performance management of staff safeguards children and minimises potential risk to them. ('Guide to the children's homes regulations including the quality standards', page 61, paragraph 13.1)
- Ensure that where the placing authority or another relevant person does not

provide the input and services needed to meet a child's needs during their time in the home, the home must challenge them to meet the child's needs. ('Guide to the children's homes regulations including the quality standards', page 12, paragraph 2.8) This is in relation to demonstrating frequent and persistent challenge, including the use of escalation processes, to any authority that fails to offer return home interviews to young people who have been missing from home.

Inspection judgements

Overall experiences and progress of children and young people: requires improvement to be good

This is a small home, which has a core team of staff. There are always two members of staff on shift together at any one time in addition to the manager. The manager is mainly office-based but is not always present at the home. The young people in placement require one-to-one staffing and at times, their behaviours warrant two-to-one staffing. Recent changes to the staff team have meant that there are new, inexperienced staff on shift. They have been working with a more experienced member of staff; however, the needs of the young people require at least two experienced staff. Ongoing child protection enquiries also mean that staff are currently required to work in pairs. This has made it more difficult to take young people out separately or engage them in any meaningful work at the home. The staffing levels and skills do not currently manage or support the needs of the young people living at the home.

Young people have weekly activity plans; however, there is limited engagement in these and staff are limited in their ability to affect change. The young people living at the home have very complex and challenging needs. The current staffing levels do not allow staff to give enough individual time to young people. The young people have a history of not engaging in education or with the support on offer. The current staffing levels and experience have reduced the capacity of staff to offer challenge, create alternative behaviour strategies, or change the structure to address the complexity of needs presented by the young people.

Observations show that the quality of relationships between young people and some staff working at the home is positive. For example, an independent reviewing officer stated, 'They are invested in building relationships.' However, there have been concerns reported by several young people about the conduct of some of the staff at the home. The registered manager, via disciplinary action, has addressed some of these issues and some remain under investigation. It is concerning that staff involved in direct complaints/allegations continue to work in the home and lead shifts with new and inexperienced staff.

Young people have made some progress from their starting points, but this is often limited and inconsistent. The lack of progress is not all attributable to the home, as the young people have very challenging and complex needs. However, the staffing levels and inexperience of workers raise concerns that they do not have the capacity to manage the high level of need presented. The staff have worked hard to try to engage the young people with limited success. For example, they have been proactive in setting

up meetings for education and health appointments, but not successful in engaging young people to attend these meetings. Levels of going missing from the home have increased since the last inspection. On a more positive note, one young person has been in placement since July 2017, when previous placements broke down on a regular basis. The other young person is relatively new to the home and has engaged in some home tuition sessions and has been encouraged to attend a meeting with his placing authority.

Young people are not always allowed to access all areas of the home. At times, access to the lounge and kitchen has been restricted, which has created conflict between staff and the young people. It is not clear from risk assessments why young people's access to parts of the home was restricted. Young people live in a physically safe environment; however, both young people's bedrooms seen on inspection were not to a reasonable standard. For example, one room had no sheet on the mattress and in another room cigarette butts and rubbish were observed on the floor. The manager and the staff do attempt to clear and manage the state of the bedrooms on a regular basis; however, there is limited evidence of work with young people to address these issues.

Both young people living at the home are provided with money as part of their semi-independence plans. These current arrangements are not working and young people are buying junk food and are suspected of spending the money on cannabis. There does not appear to be any structure to this arrangement and young people continuously demand increasing and unrealistic amounts of money. It is not clear how the registered person/staff help young people to develop healthy lifestyles and learn to look after themselves.

Neither of the young people living at the home wanted to talk to the inspector about their experiences and were not obviously encouraged by staff to do so. They related well to some staff members and one young person was seen to engage in a cooking activity with staff. Overall, young people presented volatile, demanding and verbally aggressive behaviour towards staff. If the slightest challenge was offered by staff this triggered an escalation in behaviour, with both young people working together to target staff and demand money. The staff tried their best with young people and there were some glimpses of respect and positive interaction observed.

Young people understand how to complain. They have access to a young person's guide to the home and young people have made complaints or spoken with their social workers when they are not happy. The staff have managed to engage the young people in residents meetings to discuss things they wish to raise and to talk to them about relevant issues.

Young people have opportunities to engage in various activities within and outside the home. For example, both young people had been go-karting and earlier in the year, some of the young people were taken on a planned holiday within the UK.

How well children and young people are helped and protected: requires improvement to be good

The young people placed at the home present complex needs and put themselves at

high risk through some of their behaviours within the community. The staff and registered manager are making some efforts to reduce risks for young people; however, these efforts are not always effective. Although the manager and staff team work well with placing authorities to try and guide and protect young people from known risks, there are areas where further multi-agency working could support them; for example, working more closely with the police and other safeguarding partners on issues such as gang affiliation, knife crime, offending behaviour, drug use and going missing from care.

The registered manager and staff are aware of how to respond to young people who go missing from care and record-keeping is good in this area. Appropriate risk reduction meetings are called with placing authorities and the manager and staff attempt to reduce this risk as far as possible. There is evidence of a good system of recording incidents of going missing and sending the completed report to placing authorities, so that they can arrange a return home interview. Unfortunately, young people missing from care are not routinely being offered a return home interview by their placing authority. There have been 40 episodes of young people going missing from the home since March 2017 and none of these young people has been offered a return home interview. Despite the above system to notify the placing authority of any absence, there is no robust follow-up to this. There was only one item of correspondence reminding the placing authority of their duty to offer a return home interview. Return home interviews support professionals to understand patterns of going missing and to work together to make young people safer. The registered manager's view was that it was not his role to remind the placing authority of their duty. There are currently high levels of going missing at this home, which are increasing as opposed to decreasing. For example, young people are staying away from the home for longer periods and concerning information is coming up about their actions when absent. While the home cannot be accountable for the failings of others, they do have a duty to advocate on young people's behalf to keep them as safe as possible.

There have been a number of incidents inside and outside of the home when young people return from being missing to indicate raised concerns about their association with gangs, drug use and knife crime. Although the staff and manager are aware, they are insufficiently proactive in networking with the local youth offending services and police to create strategies to address these issues. A serious incident had not been reported to the police and five incidents involving young people from the home had not been notified to the regulator as required by regulation. One example of this is a young person visited the home, threatened a resident and brandished a knife. If the police and regulator do not know what is happening at the home, then they are not able to guide and support appropriate action to safeguard young people.

Young people do not feel that they are at risk and do not want to change their behaviours. The majority of young people are of an age and understanding where they are making many choices and decisions of their own. Given their very complex needs, they do not always make the right choices or decisions and there is evidence that they are placing themselves at risk when outside the home. Partnership working with the police is insufficient to ensure that young people are kept as safe as possible.

The manager and staff team take a therapeutic approach to behaviour management. Sanctions are not used and restraint is rare. Given the young people's complex needs, challenges and demands, this approach does not appear to be working and it feels as if there are no consequences for poor behaviour. Negative behaviours receive little challenge and when staff feel overwhelmed, their responses have not always been appropriate. A number of placements have ended due to the registered manager and staff feeling that they cannot meet the young people's needs. This is not in young people's best interests and one commissioner said, 'If a child has an unplanned ending, then they probably shouldn't have taken the child in the first place. The manager needs to think about training and where they see their abilities and levels.'

Positive behaviour is promoted and the manager and staff always try to de-escalate behaviours. Young people are supported to manage their behaviour and feelings, but due to the constant barrage of challenge, staff are at times overwhelmed in what they are able to offer. On three known occasions, young people have managed to take keys from staff, which questions the level of supervision and capacity to understand young people. On one of these occasions, the police had to be called to the home to manage this incident. This is another example of the challenge that the current cohort of young people has presented. The home usually attempts to use restorative practice if possible and does try not to criminalise young people if possible.

Records of safeguarding incidents are good and processes in the main have been followed, with the exception of one incident in May 2017, which has been dealt with by way of a disciplinary hearing. There have been two reported allegations against staff that are currently under investigation. There have been some challenges for the manager in working with the designated officer on these recent allegations. The investigations by the designated officer and the police have been slow in their processing of allegations. The registered manager made decisions not to suspend staff on the basis that the young person who made the first allegation was no longer living in the home. This decision was also influenced by factors such as the complex needs of the young people and the limited number of staff available to work at the home. There are risk assessments in place to support this decision; however, they tend to be adult-focused and suggest that no staff member works alone with young people, which is very difficult to achieve with such a small staff group. One staff member who has had allegations made against him is related to the registered manager and his continued management and supervision of this situation does present a conflict of interest. Although there is no breach of regulation and the registered manager has taken human resources advice, the working relationships with the designated officer have been strained over this issue. The manager's response to the second set of allegations has been more appropriate. The relationship with the designated officer has improved.

The effectiveness of leaders and managers: requires improvement to be good

An experienced and suitably qualified individual, who is both the registered provider and the registered manager, manages this home. He is a qualified social worker with a doctorate in criminal justice and relevant management qualifications.

There is a small staff team working at this home. Some staff have worked at the home for a considerable period, which provides young people with consistent adults in their lives. Since the last inspection, there have been some staff changes. A new deputy manager has taken extended leave for personal reasons. Two new staff have joined the team and are currently on induction and probation. There have been two safeguarding allegations, which have led to a suspension, and arrangements that mean staff must work in pairs with young people. These factors have undoubtedly demoralised staff and placed additional pressure on what is already a small staff team. The manager does not employ agency staff unless necessary, but has needed to use some sessional workers on occasion.

The manager has always been a strong advocate for what he believes is right and presents challenges where he feels others' practice or decisions are wrong. While this is generally a positive theme, there have been indicators that the manager has allowed his own views to determine how he works in partnership with others, for example not reporting a serious incident to the police and authorities due to his own view about repercussions for staff. When challenge has been presented to the manager, others have perceived his approach as defensive and adult-focused. This has not promoted working in partnership to protect young people.

Care planning for the two young people in placement lacks structure and purpose. During the inspection, there was limited structured interaction between staff and young people. Young people constantly demanded money, swearing and shouting at staff until they received extra money in addition to their entitled allowance.

The home's referral process is usually robust and ensures proper matching of needs. Young people have previously benefited from secure and stable placements at this home. There has been a quicker than usual turnover of young people in and out of the home. Despite this, one young person has moved successfully to a foster care placement and another has been supported to move to semi-independent living, following a long-term placement at the home.

External monitoring of the home takes place every month when an independent person visits the home and writes a report that is shared with the home and sent to the regulator. The reports do not consistently meet the regulation as they do not always give an impartial analysis of how well the home is safeguarding young people and ensuring their welfare. The reports are not providing a critical challenge to help the home to improve practice. For example, a recent report did not comment on a safeguarding incident, which in the inspector's view should have been reported to the authorities.

The manager undertakes his own review of the quality of care at the home. This review has been focused on what is happening in the home and issues between professionals as opposed to analysis and forward thinking and planning.

Staff do not always receive regular monthly supervision and there are some minor shortfalls in the recruitment processes. For example, one staff member started without a full police disclosure being received. The same staff member had some gaps in employment, which do not appear to have been explored at interview.

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: SC406638

Provision sub-type: Children's home

Registered provider: Winsbeach Children's Home Limited

Responsible individual: John Ofutu

Registered manager: John Ofutu

Inspector

Christine Kennet, social care inspector

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