SC412971

Registered provider: Aspris New Education Services Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is operated by a private organisation. It provides care for up to four disabled children.

There has been no registered manager since November 2021.

At the time of the inspection, there were three children living at the home.

Inspection dates: 7 and 8 June 2022

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: 22 February 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
22/02/2022	Full	Requires improvement to be good
29/05/2019	Full	Good
20/03/2019	Interim	Sustained effectiveness
06/06/2018	Full	Good

Inspection judgements

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

Children who live at this home have profound and complex disabilities. They receive individualised care and are making good progress.

Children have positive and trusting relationships with some of the staff who support them. Staff were observed to be extremely responsive to children's needs. One social worker said, 'Staff are amazing with [name of child]. They are bubbly and playful, which she responds well to.' However, the provider has struggled to recruit sufficient staff and there is a reliance on agency and temporary staff to cover the vacancies. This has a negative impact on children's experience of living at the home and it limits children's ability to form long-lasting relationships.

The lack of sufficient staff was a contributing factor to one child moving from this home. This transition to another home within the organisation was well coordinated and the child has settled well. The placing authority and parent agreed with this move. However, managers did not ensure that a meeting was held to review the child's relevant plans. A requirement has been made to address this.

Children are learning new skills which support them to become increasingly independent. For example, one child is learning how to brush his own teeth. However, children's progress is not being monitored, measured and recorded effectively in their care plans. In addition, copies of some children's education, health and care plans are not held in the home. Staff should be aware of the content of these plans to enable them to provide cohesive care that is planned effectively.

Staff understand children's individual methods of communication. Staff maximise opportunities for children to have choice and control over their day-to-day care and their preferences are listened to.

Children benefit from structured and well-planned daily routines. One child, who previously experienced an erratic sleep pattern, now sleeps through the night, and she no longer requires prescription medication to aid her sleep.

Staff encourage children to have healthy diets. Physical exercise is promoted, which has supported one child to lose weight. However, one child, who requires a medical assessment, has experienced significant delay in getting an appointment. Managers have not sufficiently challenged this delay with health professionals.

Care plans contain lots of detail about children's needs and how staff should respond to them. However, they are not of consistent quality and there are omissions regarding some children's health conditions and how staff should support them.

In addition, some information in children's care plans conflicts with information written in their risk management plans. This lack of clear guidance does not promote consistent practice.

The responsible individual ensures that any damage to the home is repaired in a timely manner. Redecoration to communal areas was taking place during the inspection. However, there has been a delay in securing funding from senior managers to repair damage caused by a leak. This does not present a hazard to children as they cannot access this area. However, it is not conducive to a homely environment.

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

Children benefit from a high level of supervision and support, which helps to keep them safe from harm.

Permanent staff understand children's needs and the risks that children are vulnerable to. All children have risk management plans which have recently been reviewed. However, some plans contain out-of-date and inaccurate information. This means that staff are not always provided with all the information they need to care for children consistently.

Not all risks to children and staff are robustly assessed. For example, one child has a history of taking their seatbelt off in the car and displaying behaviour which challenges. Staff are provided with guidance about how to manage this situation. However, there are risks associated to the advice staff are given to get out of the car. The risk management plan fails to assess the risks to both the child and the staff that are associated with this practice.

Physical interventions to manage children's behaviours are rarely used in this home. All staff have completed training on how to manage children's behaviours in a positive way. When children's behaviour becomes challenging, staff use techniques described in children's behaviour support plans to diffuse situations without the need to physically intervene.

There has been one incident where staff delayed seeking medical advice following a child's self-injurious behaviour. Managers have taken effective steps to strengthen procedures and ensure that staff are provided with clear guidelines to support their decision-making in this area.

To keep children safe, there are restrictions in place that limit children's ability to leave the home. This includes restricting their ability to access the garden freely. These restrictions have been assessed as proportionate; however, managers have not regularly reviewed these arrangements to ensure that they remain necessary.

All children have a personal emergency evacuation plan. These plans provide staff with guidance about how to support children safely in the event of a fire. In

addition, all children have been involved in a fire drill since the last inspection. One child found this drill extremely distressing. A decision was taken for this child to not take part in future drills until desensitisation work, to help ease her anxieties, is completed. However, this work has not yet started, which leaves this child vulnerable in the event of a fire.

On one occasion, a lack of staff supervision resulted in one child ingesting another child's medication. The manager in post at the time did not conduct a timely investigation into this incident and there is no evidence of the steps taken by managers to prevent reoccurrence. In addition, one child is given medication covertly due to difficulties the child has with taking medication. However, the provider is not following their own protocol regarding the covert administration of medication. Advice has not been sought from a health professional regarding this practice. A requirement is made to address this.

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

The manager of the home has left since the last inspection and there is currently no manager in post. The provider is making efforts to recruit to this role but has not yet been successful. This is having an impact on the effective leadership and management of the home. The responsible individual is aware of the shortfalls and is taking steps to address them. An experienced manager, from within the organisation, has recently been identified to add extra management capacity to the team while a recruitment drive takes place.

The gap in effective leadership means that improvements to the home are not sufficiently prioritised. Five of the requirements made at the last inspection are not considered to be met and are repeated at this inspection. An additional four requirements are made at this inspection.

New staff have been recruited since the last inspection. There are early signs that this is starting to reduce the heavy reliance on agency staff to provide care for children. Managers are trying to mitigate the impact on children by using regular agency staff who are familiar to children. However, this has not always been possible and there has been a significant number of temporary staff working in the home.

Managers do not always use learning from events to shape practice. For example, following a medication error in the home, the manager conducted a lessons learned exercise to better understand the incident. This document has been misplaced and current managers are unaware of its content. This incident was not managed effectively. Furthermore, the incident was not reported to Ofsted. Requirements have been made to address this.

Some improvements have been made to the monitoring and review systems in the home. However, these systems are not yet sufficiently robust to identify the shortfalls in care planning and risk management standards. For example, some children's care plans omitted important details about how their health conditions

should be safely managed. In addition, not all staff have signed to indicate that they have read important documents relating to children.

The manager's six-monthly review of the quality of care provided by the home was not completed and submitted to the regulator within the prescribed timescale. Furthermore, it failed to adequately evaluate the quality of care provided to children or reflect their experiences of living in the home.

Permanent members of the staff team benefit from regular individual supervision sessions. However, agency staff and school staff, who work regular shifts at the home, do not receive regular supervision sessions. This means that not all staff receive an opportunity to reflect on their practice and discuss any concerns they may have.

Most permanent members of the staff team have now completed the organisation's mandatory training courses. Additional training that is aligned to the individual needs of the children has also been identified. While the number of qualified staff remains low, managers now have a much greater focus on enrolling staff, and they are monitoring the progress staff are making with gaining their qualification. A requirement has been raised to secure improvements in this area.

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
In meeting the quality standards, the registered person must, and must ensure that staff— seek to secure the input and services required to meet each child's needs; if the registered person considers, or staff consider, a placing authority's or a relevant person's performance or response to be inadequate in relation to their role, challenge the placing authority or the relevant person to seek to ensure that each child's needs are met in accordance with the child's relevant plans. (Regulation 5 (b)(c))	31 July 2022
The protection of children standard is that children are protected from harm and enabled to keep themselves safe. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff— 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; help each child to understand how to keep safe; take effective action whenever there is a serious concern about a child's welfare. (Regulation 12 (1) (2)(a)(i)(ii)(vi))	31 July 2022
The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children's home that— helps children aspire to fulfil their potential; and promotes their welfare.	31 July 2022

In particular, the standard in paragraph (1) requires the registered person to— ensure that staff have the experience, qualifications and skills to meet the needs of each child; ensure that the home's workforce provides continuity of care to each child; use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(a)(b) (2)(c)(e)(h))	
The care planning standard is that children— receive effectively planned care in or through the children's home. In particular, the standard in paragraph (1) requires the registered person to ensure— that each child's relevant plans are followed. (Regulation 14 (1)(a) (2)(c))	31 July 2022
The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children's home. In particular the registered person must ensure that— medicine which is prescribed for a child is administered as prescribed to the child for whom it is prescribed and to no other child. (Regulation 23 (1) (2)(b))	31 July 2022
The registered provider must appoint a person to manage the children's home if— there is no registered manager in respect of the home. (Regulation 27 (1)(a))	31 July 2022
The registered person must ensure that all employees— undertake appropriate continuing professional development; receive practice-related supervision by a person with appropriate experience. (Regulation 33 (4)(a)(b))	31 July 2022

The registered person must notify HMCI and each other relevant person without delay if— a child is involved in or subject to, or is suspected of being involved in or subject to, sexual exploitation; an incident requiring police involvement occurs in relation to a child which the registered person considers to be serious; there is an allegation of abuse against the home or a person working there; a child protection enquiry involving a child— is instigated; or concludes (in which case, the notification must include the outcome of the child protection enquiry); or there is any other incident relating to a child which the registered person considers to be serious. (Regulation 40 (4)(a)(b)(c)(d)(i)(ii)(e))	31 July 2022
The registered person must complete a review of the quality of care provided for children ("a quality of care review") at least once every 6 months. In order to complete a quality of care review the registered person must establish and maintain a system for monitoring, reviewing and evaluating— the quality of care provided for children; the feedback and opinions of children about the children's home, its facilities and the quality of care they receive in it; and any actions that the registered person considers necessary in order to improve or maintain the quality of care provided for children. After completing a quality of care review, the registered person must produce a written report about the quality of care review and the actions which the registered person intends to take as a result of the quality of care review ("the quality of care review report"). The registered person must—	31 July 2022

supply to HMCI a copy of the quality of care review report within 28 days of the date on which the quality of care review is completed. The system referred to in paragraph (2) must provide for ascertaining and considering the opinions of children, their parents, placing authorities and staff. (Regulation 45 (1) (2)(a)(b)(c) (3) (4)(a) (5))	

Recommendations

- The registered person should ensure that the home is maintained to a good standard. Any repairs to the building should be carried out in a timely fashion and without unnecessary delay. ('Guide to the Children's Homes Regulations, including the quality standards', page 15, paragraph 3.9)
- The registered person should ensure that restrictions which limit children's ability to freely access the garden are kept under regular review. ('Guide to the Children's Homes Regulations, including the quality standards', page 15, paragraph 3.10)
- The registered person should ensure that a copy of the child's education, health and care plan is kept on the child's records and that staff are aware of the information in it. ('Guide to the Children's Homes Regulations, including the quality standards', page 26, paragraph 5.4)

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: SC412971

Provision sub-type: Children's home

Registered provider: Aspris New Education Services Limited

Registered provider address: The Forge, Church Street West, Woking, Surrey GU21 6HT

Responsible individual: Wendy Sparling

Registered manager: Post vacant

Inspector

Sophie Thomson, Social Care Inspector

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