

SC415400

Registered provider: Gloucestershire County Council

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is operated by the local authority. It provides short-break care for a maximum of six children aged up to 18 years with learning and/or physical disabilities. At the time of the inspection, two children were staying for an overnight visit.

The manager has been registered with Ofsted since November 2020. Currently, the manager is on leave and the deputy manager oversees the day-to-day running of the home.

Inspection dates: 6 and 7 February 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 October 2022

Overall judgement at last inspection: inadequate

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
24/10/2022	Full	Inadequate
17/11/2021	Full	Good
10/04/2019	Full	Good
04/06/2018	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: good

The home was judged inadequate at the full inspection on 24 and 25 October 2022. Since this inspection, a full audit has been carried out of all records. Record-keeping has greatly improved since the last full inspection, and staff report that this has had a positive impact for children.

Records of concern are better organised and provide clear evidence of the action taken once staff have raised concerns. Staff have acted to advocate for children when they are concerned about changes in their health or well-being. There is evidence that this action has improved the children's lives and experiences.

Care plans are individualised and provide a clear guide as to how staff are to support children when they stay at the home. Staff know the children well and have good relationships with them. Social workers and family members speak highly of the support provided to the children, and, at times, the home has been a safe haven for children.

Staff take time to get to know children well when introducing them to the home. Staff visit school and liaise with other professionals who support the children to ensure that they better know the support needs of the children from everyone involved in their lives. Professionals speak highly of this approach. This has provided reassurance to families, and, at times, staff have made suggestions that have had an immediate and positive impact when supporting children to get to know the staff and the home.

Staff are successfully using visual communication systems and electronic applications to consult children and support them to make choices about their life. Information from these discussions has been used by professionals in meetings to promote children's well-being. Staff are keen to build on this work further.

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

There has been a significant improvement in how staff record concerns about children that could suggest a risk of harm to their welfare. Staff have received updated safeguarding training and know what to do should they have a concern. While there have been no referrals to the local authority designated officer, there is no evidence in records that concerns are not being shared as they should be.

The use of body maps is much more targeted, and the new form for recording safeguarding concerns is being used well by staff. This form now records the action taken and who is responsible. Social workers speak positively about the use of these records, and staff have cited them as being a vast improvement. The forms enable staff to clearly record concerns, see actions taken, and follow through what is happening for children.

Behaviour support plans and the restraint policy have been updated. Children's behaviour support plans now contain a statement that makes it clear that the use of restraint is not standard practice, but that staff are trained should they need to physically intervene to safeguard children. Instead, these plans and children's risk assessments provide strategies for staff that expect them to be vigilant about changes in children's non-verbal communication, to be aware of how children communicate that they are unhappy or anxious and how to respond to this in a supportive way. There are no recorded incidents of restraint since the last inspection.

Some children use aids to safeguard them, including walking belts, seatbelt guards and audio monitors. The use of these aids is recorded in the children's risk assessments and behaviour support plans as a supportive action and not restraint. A regular review of these support aids and monitors should be recorded to ensure that they remain necessary.

Medication is brought to the home when children visit. There have been a small number of medication administration errors. Prompt action has been taken each time to ensure the well-being of children. The procedures for auditing and oversight have been amended and improved in response to these incidents. Some children have their medication administered in food items as a strategy to assist them to take the medication more easily. In all cases, this is prescribed in writing by medical professionals and includes clear guidance for staff on how the medication should be administered. The agreements have been recently reviewed with the medical professionals; however, this should also form part of discussions in routine reviews and meetings with all professionals.

The effectiveness of leaders and managers: good

Staff aspire to continue to learn and improve practice in the home and have used the last full inspection as a positive opportunity to do this. It is evident that learning and introspection have taken place. The team of staff talk passionately about their role in supporting the children and this is reflected in the positive feedback provided by other professionals and families.

A programme of training has been put in place for managers and the staff team. All staff have received updated safeguarding training, which has included specific training in safeguarding children with disabilities. Staff have also completed updated bespoke training in autism spectrum disorder awareness and sensory awareness.

Staff supervision is improving, and areas for development and improved practice are more clearly recorded. Actions are in place, but these are not yet being consistently reviewed for all staff. The manager's quality audit, introduced following the last inspection, has already identified and responded to this.

The manager and deputy manager have increased monitoring and quality assurance throughout the home. There is evidence of this in records, policies and other

documents. This quality assurance process is in the early stages of development and while the impact of this on the quality of records is evident, the process would benefit from being extended to demonstrate how it is being used to identify themes and trends to develop practice.

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— helps children aspire to fulfil their potential; and promotes their welfare. In particular, the standard in paragraph (1) requires the registered person to— 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; demonstrate that practice in the home is informed and improved by taking into account and acting on— research and developments in relation to the ways in which the needs of children are best met; and use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(a)(b) (2)(a)(b)(c)(e)(f)(g)(i)(h))	5 May 2023

Recommendations

- The registered person should ensure that supervision records are consistent in quality and consider ways to further assist staff in their development. ('Guide to the Children's Homes Regulations, including the quality standards', page 61, paragraph 13.3)
- The registered person should review the use of support aids and monitors and the strategy of administering medication in food items to ensure that they remain necessary and appropriate. ('Guide to the Children's Homes Regulations, including the quality standards', page 49, paragraph 9.59)

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: SC415400

Provision sub-type: Children's home

Registered provider address: Shire Hall, Westgate Street, Gloucester GL1 2TG

Responsible individual: Sue Hall

Registered manager: Helen Morgan

Inspectors

Kerry Fell, Social Care Inspector
Paula Lahey, Social Care Inspector

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