

SC422464

Registered provider: Barnsley Metropolitan Borough Council

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home is owned and managed by the local authority. It provides care and accommodation through short-break arrangements for up to 10 children with learning and/or physical disabilities, some of whom have complex health conditions.

The manager registered with Ofsted in 2011. She has significant experience and knowledge of working with children with disabilities and complex health needs.

Inspection dates: 24 and 25 October 2022

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: 28 September 2021

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
28/09/2021	Full	Good
13/01/2020	Full	Good
05/04/2018	Full	Good
13/06/2017	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: good

Since the last inspection, refurbishment and redecoration have been carried out at the home. These improvements have enhanced children's experiences further because the home environment is welcoming and reflects their needs. The well-equipped home and the sensory garden provide children with stimulating and relaxing experiences. Children's social skills continue to improve as they explore their environment.

Staff meet children's complex health needs. Parents trust the staff to care for their children where their medical conditions mean that sudden changes are detrimental to their health. A nurse who supports the home said, 'Parents are not nervous about sending their children to the home. The staff handle the children's complex needs so well.'

Staff work closely with parents and education staff, and regularly attend care planning meetings. This provides a consistent approach to children's care, such as staff working with parents and education staff on toileting and medication programmes. This comprehensive teamwork means that children's progress is significant. For example, one child continues to make progress with toileting and another child no longer requires night-time medication.

Careful planning and matching give children the chance to stay at the home at the same time as their friends or others with similar interests. Staff focus on making sure that children have fun during their short-break stays. This is demonstrated by the photos of the children around the home. Children's achievements are celebrated and praised, and staff display these on the walls around the home. This makes children feel proud of their achievements.

Staff are effective in consulting with children. Their substantial knowledge of the children helps them to develop personalised communication programmes, including Makaton and Picture Exchange Communication Systems. This means that children are actively involved in decisions about their care and the running of the home.

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

Children are kept safe by a staff team that provides high levels of supervision and support. Staff's knowledge of the risks to children's safety is good. Risk assessments contain up-to-date information and provide staff with clear actions to follow to manage and reduce risks. Consequently, the staff's responses are in line with children's current information. This is especially important for those children who have severe health conditions that can quickly change or deteriorate.

Staff's knowledge and actions help to prevent children's self-injurious behaviours and help to keep children calm when they are sad, anxious or frustrated. Staff follow children's plans to ensure that they all use the same approach. This reduces the likelihood of children feeling confused.

Physical restraint is used as a last resort to keep children and others safe from immediate harm. Records of these incidents include the actions staff have taken to de-escalate the situation and to keep children safe. Nevertheless, these records do not consistently include children's views and necessary debriefs, and they are not always signed by managers to confirm that they are accurate. This does not give all involved the opportunity to learn from the incident.

Consequences used are proportionate to children's behaviours. The aim of these is to allow children to reflect on their behaviour and make better choices going forward.

Medication errors are quickly identified and addressed, therefore reducing the impact on the children. Staff work and communicate effectively with parents to ensure medication is correct prior to any short-break stays and on discharge. For example, staff identified that a parent brought in medication that was not prescribed for the child. This error was soon rectified, and the correct medication was handed to staff.

Professionals and parents spoke positively about this home. They said that children are kept safe while visiting the home and that they have no concerns with the quality of care that the children receive. One social worker said, 'Children are kept safe. The level of recording from staff has been the best in [name of child]'s life. This has helped medical professionals track patterns of behaviours and triggers to further help them longer term.'

The effectiveness of leaders and managers: good

The experienced manager is supported by a knowledgeable management team, and strong leadership is provided by this committed team. Their hands-on involvement with the children means that this work ethic filters down to the dedicated staff team.

The manager successfully managed the refurbishment and redecoration of the home. This included supporting children while work commenced. This careful planning resulted in little disruption for the children and families who access the service.

Staff said that they are supported in their role by the management team. They benefit from regular formal supervision sessions and access to relevant training. Staff said that supervision sessions are reflective and developmental. Nevertheless, supervision records sampled were brief and not reflective of staff practice.

All staff are up to date with their physical restraint, safeguarding, first-aid, moving and handling, and medication training. Nevertheless, no staff have the training to

appropriately apply devices to a child's head and arms, leaving the child at risk of injury.

The manager is aware of the home's strengths and areas for development. The monitoring systems in place mean that when shortfalls are found, the manager takes immediate action to ensure that these are swiftly rectified.

Staff handovers are clear and constructive. Staff reflect on behaviours and discuss effective ways of working with the children on their planned stays. This means that staff can prepare and plan their shift effectively to meet children's individual needs.

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— ensure that staff have the experience, qualifications and skills to meet the needs of each child. (Regulation 13 (1)(a)(b) (2)(c))	26 November 2022
The registered person must ensure that— within 48 hours of the use of the measure, the registered person, or a person who is authorised by the registered person to do so ("the authorised person")— has spoken to the user about the measure; and has signed the record to confirm it is accurate; and within 5 days of the use of the measure, the registered person or the authorised person adds to the record confirmation that they have spoken to the child about the measure. (Regulation 35 (3)(b)(i)ii)(c))	26 November 2022

Recommendation

- The registered person should ensure that there are systems in place so that all staff, including the manager, receive supervision of their practice, which allows them to reflect on their practice and the needs of the children assigned to their care. ('Guide to the Children's Home Regulations, including the quality standards', page 61, paragraph 13.2)

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: SC422464

Provision sub-type: Children's home

Registered provider: Barnsley Metropolitan Borough Council

Registered provider address: Gateway Plaza, Sackville Street, Barnsley, South Yorkshire S70 2RD

Responsible individual: Sophie Wales

Registered manager: Diane Wharton

Inspector

Gemma McDonnell, Social Care Inspector

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