

Inspection report for children's home

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Inspection date	27/01/2014
Inspector	Nicholas Murphy
Type of inspection	Interim
Provision subtype	Children's home

Date of last inspection	18/04/2013
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Service information

Brief description of the service

The children's home is run by a private company and provides care and accommodation for up to four young people who may have emotional and/or behavioural difficulties.

The inspection judgements and what they mean

Good progress	The children's home has demonstrated continued improvement in quality of care and outcomes for children and young people and where appropriate has addressed all requirements and the large majority of recommendations that were raised at the previous inspection.
Satisfactory progress	The children's home has maintained quality of care and outcomes for children and young people and where appropriate has addressed all requirements and the majority of recommendations that were raised at the previous inspection.
Inadequate progress	The children's home has failed to address one or more requirements and/or has not met the majority of recommendations and/or the quality of care and outcomes for children and young people have declined since the last full inspection.

Progress

Since their previous inspection the service is judged to be making **satisfactory progress**.

The home received a full inspection in April 2013, when it was judged to be good for overall effectiveness. The Registered Manager has addressed all statutory requirements and recommendations made at that inspection, improving the quality of care. At that time, the record of physical restraints did not contain all required information. Although, commendably, there have been no restraints since, staff are now fully aware of the detail of recording which is necessary in future. Maintenance and decoration of the home is now of an acceptable standard. At the time of this inspection, replacement double-glazed windows were being installed. This is evidence of the Registered Manager's commitment to improving the quality of accommodation. Recruitment practice is more robust, ensuring that only people who are suitable to work with children are employed. Finally, the monitoring undertaken by the independent visitor now takes account of consultation with parents. This provides a valuable source of information which the Registered Manager can use to identify shortfalls and build on strengths.

Outcomes for young people are variable. Some are doing well at school, undertaking

courses which will support their planned career path. Others, more recently admitted, are still awaiting the finalising of permanent education plans. All young people are in good health, and take advantage of the range of activities offered by the home to maintain their physical and emotional well-being.

Incidents of young people going missing are rare. The home works well with the host local authority and placing authorities to manage any incidents according to agreed protocols. Young people feel safe here; there is little bullying and staff are trained in managing challenging behaviour without needing to use restraint. One young person said, 'Staff are good at calming young people down if they get angry or are hurting somebody else. Talking me down helps me.' Staff manage risks within the home appropriately. Each young person has a risk assessment which is regularly updated to take account of changing circumstances. However, some risk assessments do not address all potential hazards, for example, the possibility of assaults on staff.

The home has a variety of incentive schemes to encourage young people to behave appropriately. This approach means that the use of sanctions is infrequent. However, staff sometimes delay the payment of a young person's pocket money (for an indefinite period) in response to misbehaviour. This is effectively a financial penalty, and one which is neither allowed by regulation nor in keeping with the home's commendable ethos of motivating young people by positive means.

The home is maintaining a good level of care for young people, and takes into account the individual strengths and needs of each young person. Young people feel that staff give them as much time as they need, and give consideration to what they say. One young person said, 'Staff ask us every day about stuff, it makes us feel involved in what's going on.' Care plans are tailored to each young person's circumstances, and are updated regularly. However, there is no evidence that young people are involved in their care plans or contribute to them, reducing their effectiveness.

Staff are persistent in encouraging young people to attend necessary health appointments, such as with the optician or dentist. In addition, staff motivate young people to take responsibility for their own personal hygiene. Staff are trained to administer medication safely, including non-prescribed items. However, the recording of these medications is not made on a child-by-child basis. This means that it is difficult for staff to know what other medications the young person may have had, and creates the possibility of error. In addition, although one young person's file contained a medical treatment consent form, it had not been signed by a person with parental responsibility. This may limit the authority of staff to seek prompt medical attention for a young person.

Areas for improvement

Statutory Requirements

This section sets out the actions which must be taken so that the registered person/s meets the Care Standards Act 2000, Children's Homes Regulations 2001 and the

National Minimum Standards. The registered person(s) must comply with the given timescales.

Reg.	Requirement	Due date
17 (2001)	ensure that the imposition of any financial penalty other than a requirement for a payment by way of reparation is not used as a disciplinary measure. (Regulation 17(2)(g))	28/02/2014

Recommendations

To improve the quality and standards of care further the service should take account of the following recommendation(s):

- ensure there is a written record of all medication given to children during their placement, specifically that the record of homely medication is on a child-by-child basis (NMS 6.15)
- ensure that children understand the purpose and content of their plan and the reasoning behind any decisions about their care, specifically that children make direct and recorded contributions to their placement plans (NMS 25.1)
- ensure that children's case records are maintained and kept up to date, specifically that risk assessments of individual young people address all potential hazards (Volume 5, statutory guidance, para 3.25)
- ensure that children's health is promoted in accordance with their placement plan and staff are clear about what responsibilities and decisions are delegated to them and where consent for medical treatment needs to be obtained. (NMS 6.5)

About this inspection

The purpose of this inspection is to assure children and young people, parents, the public, local authorities and government of the quality and standard of the service provided. The inspection was carried out under the Care Standards Act 2000 to assess the effectiveness of the service and to consider how well it complies with the relevant regulations and meets the national minimum standards.

The report details the progress made by the provider since the last full inspection, identifies any further strengths, any areas for improvement and makes judgements as outlined in the *Inspection of children's homes – framework for inspection*.