Inspection report for children's home

Unique reference number	SC476270
Inspector	Rachel Ruth Britten
Type of inspection	Full
Provision subtype	Children's home

Registered person	Advanced Childcare Limited
Registered person address	Pinnacle House 2 Oakwood Square, Cheadle Royal Business Park CHEADLE Cheshire SK8 3SB
Responsible individual	Samantha Millward
Registered manager	Elisabeth Rose Brownlees
Date of last inspection	N/A

Inspection date	01/05/2014

Previous inspection	N/A
Enforcement action since last inspection	none

This inspection	
Overall effectiveness	**good**
Outcomes for children and young people	good
Quality of care	outstanding
Keeping children and young people safe	good
Leadership and management	good

Overall effectiveness

Judgement outcome	**good**

This home first opened in October 2013 and now has five children placed. Children make good progress in relation to their starting points across all aspects of their welfare and development. Their physical, social, emotional and behavioural progress is part of a 'recovery' that is underpinned by outstanding practice from staff. Care planning is highly personalised and adaptable. It is delivered consistently and tirelessly by insightful, committed staff and therapists who continuously review and reflect on their practice and children's outcomes. As a result, children's progress is clearly attributable to the positive relationships they have with staff. Children are less well involved in a few of their records, but overall they enjoy considerable involvement and participation which directly benefits their well-being.

Staff in the home demonstrate consistently safe working practices. They understand, address and overcome unsafe behaviours that result from previous significant abuse and trauma. As a result, children live safely as a group and confirm that they feel safe here.

Leadership and management arrangements are strong because the Registered Manager is skilled, insightful collaborative and respected by the whole staff team. Excellent communication and a problem-solving approach at all levels has promoted children's engagement from the outset in this new home. Leaders and managers

have also forged effective relationships with placing authorities as well as relevant agencies in the home's own local authority. However, development planning and monitoring documents do not consistently show how issues, trends and patterns, including those arising from consultation, prompt managers and staff to make changes and developments to the home. Children are not adversely affected by any of the shortfalls identified during the inspection.

Full report

Information about this children's home

This home is operated by a private company and is registered to provide care and accommodation for up to five children with emotional and behavioural difficulties. Children currently placed are aged from eight to twelve years.

What does the children's home need to do to improve further?

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
17B (2001)	ensure that written records of the use of restraint clearly state the effectiveness of the restraints and how the child has been spoken to about the use of the measure (Regulation 17B (3)(f))	30/05/2014
34 (2001)	ensure that the system for monitoring and improving the quality of care in the home provides for consultation with children, parents and placing authorities. (Regulation 34 (3))	30/05/2014

Recommendations

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

- ensure that the home has a written development plan, reviewed annually, wh identifies planned changes or confirms continuation of the home's current operation and resource (NMS 15.3)
- improve the effectiveness of monitoring activity, so that the quality of the provision is known, patterns and trends are identified, and immediate action i taken to address the issues raised (NMS 21.2)

- extend children's understanding of their care plan and its purpose and content, including the reasons behind decisions about their care. (NMS 25.1)

Inspection judgements

Outcomes for children and young people good

Children have made very good progress to form and sustain appropriate attachments to staff. They have also made good progress with their emotional health and resilience. This is highly significant progress, given the extent of children's difficulties. One social worker said a child 'used to follow me around saying she wanted to come home, now she is relaxed and showing me her life here.' Other children are able to ask for attention when before they would bite in order to gain it. Similarly, children can sit on their own for a length of time where before they could only concentrate for a few seconds. Appropriate attachments have been promoted by excellent quality 'key carer' and 'co key carer' relationships, where shifts, activities, appointments, outings, meal and sleep routines are all organised around individual children's needs. For example, one key carer has recorded a good night message of her voice on a child's cuddly toy, reminding the child that she is being thought about and how her key carer wants her to sleep well with sweet dreams.

Children have made good progress in their physical and psychological development. Some children no longer need heavy sedating medication and their speech has developed. Their speech is more age-appropriate and understandable and they recently had the confidence to take part in a play with a small speaking part. Other children are learning to manage inappropriate sexualised behaviours or toileting issues with the help of staff nurturing and specialist medical advice. All children are thriving on the deeply caring, appropriate atmosphere created by staff in the home and the specialist help, including speech therapy, life story work and therapy which they are receiving. The trust they are learning to place in the adults here allows their behaviour to improve, so that they can cope with daily life and seek reassurance and attention through appropriate talk and touch. For example, one child's earlier obsessive behaviour caused them to constantly seek attention from the manager. Now the child is more able to wait and listen with adults until the manager is avialable.

Children are attending and learning well in school. This demonstrates significant progress for them. Most children are now coping with full time education in the home's attached school because team work between educators and home staff is so effective. For example, children's reading levels are improving quickly. Children are also progressing well with a variety of hobbies and activities in the community. For example, one child is going to boxing. She is being taught about channelling her boxing only to use at the club or in self-defence in a stranger danger situation. Other children are enjoying swimming and dancing lessons, horse riding, scouts and guides. These activities are helping them to practise appropriate social skills with peers in the community and overcome fears that stem from previous isolation and their past experiences. A visiting social worker said: 'It is so nice that she is doing all the normal stuff - she could not manage it before.'

A smaller proportion of children benefit from appropriate contact with family and other people who are important to them. Staff play a crucial role in ensuring children's physical and emotional safety during such contact and plan it closely with social workers. As a result, children go somewhere active and enjoyable and are also gaining an understanding of their background and identity that helps them progress and develop safely. A particular strength in the home is the work undertaken with children who cannot safely have direct contact with family members or previous carers. For example, key carers plan special days out with their key child to coincide with times when other children are having contact with relatives. The investment of staff in their own direct relationships with children promotes every child's attachments positively, regardless of the loss and complexity accompanying other past and present relationships.

Quality of care **outstanding**

Children feel that their views, wishes and feelings are actively sought. They know that their needs are central to how the home runs each day. This is because staff prioritise and plan for each child, each day, using care plans with clear targets and measureable outcomes. There is also twice daily 'check-ins' at breakfast time and just after tea, to ensure that everyone knows what is happening and how everyone is. There are 'children's chats', group planning and discussion meetings on Wednesday and at the weekend. Staff exemplify good practice by listening, asking and taking seriously children's wishes and feelings throughout each day. A social worker said, 'it is great - you (staff) know what you are doing and you know my child.' For example, staff gently and calmly help each child to talk about their day and listen to others at tea time. Similarly, the manager and staff member help a child quickly find a possession that was missing from his bedroom treasures. They actively listen to his anxieties about someone in his room who moved his things and help him achieve a calmer perspective of what has happened. The fact that children do not know what is in their written care plan does not detract from their engagement with the home or the progress they are making.

Children live in a large but homely and safe environment where there is excellent practice. This ensures they are helped to feel they belong from the start. Children have the chance to visit the home more than once before moving in and their personalised children's guide is provided for them in advance. Photos of every staff member, including the therapist and life story worker, are given in the guide and are kept up to date thereafter. Similarly, the complaints guide for each child's own local authority is given, as most children come from out of county. The children's guide also refers to 'teddy' taking photos to show them the home and what there is to do in the area. On their bed when they first arrive is a teddy just like the one in the guide, with some presents for them. From the outset key staff adopt the style of a 'good parent'. For example, they begin building a relationship with a new key child by helping them choose, shop for, and set up their bedroom, just how they would like it.

Thereafter, the key member of staff helps the child directly with choosing appropriate clothing, bedding and changes to their room. Staff fully understand the complexity of the parental role from the child's point of view and this informs their practice. For example, a member of staff said, 'we are taught to expect children to target us with blame for poor parenting'. Overall, staff provide insightful, empathic care which enables children to feel secure and make progress.

The home provides a very healthy environment where children receive intensive and high quality support from staff. Children always know who is looking after them now and next and who is settling them to sleep tonight. Children have their rooms personalised and always well maintained, with music, light, dream catchers, toys and colour individually chosen to help children feel safe and calm. The communal areas are clean, comfortable and calming, with an evening routine of closing curtains and blinds, dimming lights and quiet play when the youngest are preparing for bed. Outstanding practice by staff creates the healthy environment within which children become able to engage in therapy, education, group and community activities. For example, individually tailored 'settling time' is planned and undertaken with each child each day, by a small number of adults. This supports each child to calm, banish unwelcome thoughts and sleep feeling safe. Staff draw on immense skills of empathy, patience and nurture at settling times, perhaps rocking a child, or preparing a special bubble bath for them. Staff frequently deal with regressive and challenging behaviours at this time, but deploy carefully chosen techniques and continuously review them, making changes if they cease to be effective.

Staff proactively and consistently work alongside the home's allocated therapist and life story worker as well as their teachers and other professionals. The key carer and co-key-carer take responsibility to ensure that appointments are always kept, but also that support to the child is continuous. This is achieved through regular opportunities for group reflection, review and reassessment of strategies and care plans between all staff and professionals. For example, staff understand when identity confusion leads a child to try to dress or talk like others, or attempt to look older or talk inappropriately about adult subjects. Staff respond empathically and use techniques of labelling to help children understand what is actually happening and why it might be. Staff are committed to the value of regular life story work to help each child work through their past, find their roots and their own identity. Equally, staff undertake close working with each child's therapist and continue the therapist's work in their everyday practice. For example, staff share and continue a robot analogy with some children to help them take control of their feelings. They use the concept of a remote control; instruction manuals; a feelings dictionary; and colours as labels for feelings; to help children find techniques to take control of anger and frustration.

Keeping children and young people safe **good**

Children feel protected and are well protected from harm, including abuse, exploitation, accidents and bullying. This is because staff are vetted and well trained in child protection. They are conversant with safe care practice and ensure high staffing levels and effective supervision of children. As a result, bullying and abuse, child on child, is minimised. For example, children are not allowed in one another's bedrooms and when staff are in children's bedrooms the doors are propped ajar. Similarly, children's privacy and dignity is always maintained in relation to personal care needs or behaviours which might elicit a bullying response from other children. Bullying is labelled, talked about and children are helped to understand what it feels like and given strategies for not doing it. For example, staff did an activity where all the children screwed up a piece of paper, stamped on it, swore at it, then apologised to it. They picked up the piece of paper, trying to pull out the creases, to see if it could ever be the same as the original smooth sheet of paper. Staff witnessed the immediacy of this in showing children how bullying affects people. Overall, children feel safe enough here to make disclosures to staff about past abuse or unsafe behaviours between them. All disclosures and child protection concerns are responded to in accordance with good safeguarding practice and are notified to Ofsted. There is appropriate involvement and full cooperation with the local children's safeguarding team, the local authority designated officer, police and the looked after children's nurse as appropriate.

Children benefit from very positive behaviour management work by staff. A nurturing, therapeutic, unconditionally positive approach is taken to children's behaviour and sanctions are not used. Children are kept safe by adults who explain what is happening using child-centred language and enable children to manage their struggles as much as possible. Enormous care is also taken to minimise the use of physical interventions with appropriate cuddles, comfort and reassurance. Care plans give clear descriptions of each child's behaviours and accompanying strategies for staff to help them. For example, 'listen, ask if she would like a hug, or to go for a walk, or to have a quiet chat privately - one to one can calm her dramatically and avoids goading by the other children, suggest working together, explain why a different method is used and this helps her understand different ways of thinking.' When restraint is required, minimal recognised holds are used only when it is necessary to prevent serious injury to children or adults. Records of children's placement sessions and weekly meetings show that children and staff reflect carefully on serious incidents involving restraint. However, children's own feelings and words do not show clearly enough on incident records for staff and managers to fully evaluate how effective some physical interventions have been.

Staff and managers look for links between the behaviours of children and are vigilant to unsafe pairings or activities amongst the group of children. Staff are fully aware that all children here need constant vigilance, observation and role modelling. Staff are sensitive to the children's memories of adult abusers and how staff's own characteristics or styles may trigger these. Staff ensure that the opportunity for unsafe behaviours is minimised by supervising children at all times and staying on the landing until everyone is asleep. Practical measures include no blankets - only

cushions and pyjamas if children are together relaxing and rules that hugs are always around the waist only. If children go outside, staff go with them. Equally, if children are afraid of being alone at night, staff sit outside their room until they are asleep. Sometimes staff use a ball of string which the child can pull to check someone is there by feeling the member of staff pull the string back in response.

Leadership and management good

The Registered Manager has been in post since the home opened in October 2013. She is passionate about the work of the home and is confident in the leadership and management of the wider organisation. She is positive about the likely benefits of the company's recent merger with a health based social care service and is also a highly effective networker with education, therapy, social workers and local authorities.

The manager has the confidence of all staff, supports them well and promotes their morale and their strengths. A member of staff said, 'there is a total open door policy with both manager and deputy - they dovetail well and we have open discussions about getting to the bottom of things.' The manager ensures that the home run extremely efficiently, is clean, safe, well maintained and well resourced. She also ensures that children's records and the home's records are clear, comprehensive, accessible, up to date and useable. Communication, through paper systems, meetings and handovers, is very robust. The manager is also an exemplar of good practice with children and models this whilst balancing perfectly her management duties. An independent reviewing officer summed up the home by saying staff and managers 'not only talk the talk, but walk the walk'.

The manager knows the strengths and weaknesses of the home well and is quick to secure revisions and new strategies to ensure that each child's needs are well met. This includes being analytical about the trends and patterns of children's behaviours and effectively identifying issues within the mix of children and staff. However, monitoring records do not show this analysis: monthly monitoring records show insufficient comparative detail about what is happening month on month within the home and fail to evidence how shortfalls or areas for improvement are identified. In addition, the content and messages received from consultation are not included in monitoring reports to help show the quality of care and any areas for concern from children, relatives and/or placing authorities. The home's development plan has also not yet been written. Without effective monitoring documents to utilise, the task of writing a succinct development plan has become a separate and onerous additional piece of work.

The impact of these managerial shortfalls is minimal because the manager and all staff are unequivocally child-centred and therapeutic. However, were the manager to be absent, temporary leaders lack clear documentation about the 'direction of travel' in the home and the key improvements being focussed upon.

What inspection judgements mean

Judgement	Description
Outstanding	A service of exceptional quality that significantly exceeds minimum requirements.
Good	A service of high quality that exceeds minimum requirements.
Adequate	A service that only meets minimum requirements.
Inadequate	A service that does not meet minimum requirements.

Information 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 main strengths, any areas for improvement, including any breaches of regulation, and any failure to meet national minimum standards. The judgements included in the report are made against the framework of inspection for children's homes.