

SC482872

Registered provider: Park Blue Homes Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This children's home is set in a rural location and children benefit from a peaceful setting. Children have access to the countryside and to horses that share the land attached to the home.

The children's home is registered to care for up to five children. There are two houses on one site and a staff team that reaches across both sites.

Inspection dates: 7 to 8 March 2018

Overall experiences and progress of children and young people, taking into account	requires improvement to be good
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How well children and young people are helped and protected	requires improvement to be good
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The effectiveness of leaders and managers	requires improvement to be good
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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: 21 November 2017

Overall judgement at last inspection: inadequate

Enforcement action since last inspection:

Following the inadequate judgement of this service in November 2017, a number of requirements were made.

Since that date, Ofsted has undertaken a monitoring visit. This inspection reports from the monitoring visit on 18 January 2018.

Key findings from this inspection

This children's home requires improvement to be good because:

- Significant and widespread shortfalls were identified at the last full inspection in November 2017. Since then, progress has been made to address these shortfalls. However, some practice shortfalls remain, including concerns in respect of medication, consistency of care and the use of consequences.

The children's home's strengths:

- This home is overseen by a determined senior leader. She has ensured that the registered manager and the care team work together to move this service forward. As a result, improvements have been made.
- The staff who work at this home really care for the children and want them to be happy, safe and to make progress. Staff have built good relationships with the children and the children look to the staff for reassurance.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
21/11/2017	Full	Inadequate
01/02/2017	Interim	Sustained effectiveness
03/08/2016	Full	Requires improvement
08/01/2016	Full	Good

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
6: The quality and purpose of care standard (1) The quality and purpose of care standard is that children receive care from staff who— (a) understand the children's home's overall aims and the outcomes it seeks to achieve for children; (b) use this understanding to deliver care that meets children's needs and supports them to fulfil their potential. (2) In particular, the standard in paragraph (1) requires the registered person to— (a) understand and apply the home's statement of purpose; (b) ensure that staff— (i) understand and apply the home's statement of purpose; (ii) protect and promote each child's welfare; (iii) treat each child with dignity and respect; (iv) provide personalised care that meets each child's needs, as recorded in the child's relevant plans, taking account of the child's background; (v) help each child to understand and manage the impact of any experience of abuse or neglect; (vi) help each child to develop resilience and skills that prepare the child to return home, to live in a new placement or to live independently as an adult; (ix) make decisions about the day-to-day arrangements for each child, in accordance with the child's relevant plans, which give the child an appropriate degree of freedom and choice; (d) ensure that any care that is arranged or provided for a child that— (i) relates to the child's development (within the meaning of section 17(11) of the Children Act 1989) or health; and (ii) is not arranged or provided as part of the health service continued under section 1(1) of the National Health Service Act 2006(a), satisfies the conditions in paragraph (3). (3) The conditions are— (a) that the care is approved, and kept under review	01/05/2018

throughout its duration, by the placing authority; (b) that the care meets the child's needs; (c) that the care is delivered by a person who— (i) has the experience, knowledge and skills to deliver that care; and (ii) is under the supervision of a person who is appropriately skilled and qualified to supervise that care; and (d) that the registered person keeps the child's general medical practitioner informed, as necessary, about the progress of the care throughout its duration.	
23: Medicines (1) The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children's home. (2) In particular, the registered person must ensure that— (a) medicines kept in the home are stored in a secure place so as to prevent any child from having unsupervised access to them; (b) medicine which is prescribed for a child is administered as prescribed to the child for whom it is prescribed and to no other child; and (c) a record is kept of the administration of medicine to each child. (3) Paragraph (2) does not apply to medicine which— (a) is stored by the child for whom it is provided in such a way that other persons are prevented from using it; and (b) may be safely self-administered by that child. (4) In this regulation, "prescribed" means— (a) ordered for a patient, for provision to the patient, under or by virtue of the National Health Service Act 2006 or section 176(3) of the Health and Social Care (Community Health and Standards) Act 2003(b); or (b) in a case not falling within sub-paragraph (a), prescribed for a patient in accordance with regulation 217 of the Human Medicines Regulations 2012(c).	01/05/2018
35: Behaviour management policies and records (1) The registered person must prepare and implement a policy ("the behaviour management policy") which sets out— (a) how appropriate behaviour is to be promoted in the children's home; and (b) the measures of control, discipline and restraint which may be used in relation to children in the home. (2) The registered person must keep the behaviour management policy under review and, where appropriate, revise it.	01/05/2018

(3) The registered person must ensure that—

- (a) within 24 hours of the use of a measure of control, discipline or restraint in relation to a child in the home, a record is made which includes—
 - (i) the name of the child;
 - (ii) details of the child's behaviour leading to the use of the measure;
 - (iii) the date, time and location of the use of the measure;
 - (iv) a description of the measure and its duration;
 - (v) details of any methods used or steps taken to avoid the need to use the measure;
 - (vi) the name of the person who used the measure ('the user'), and of any other person present when the measure was used;
 - (vii) the effectiveness and any consequences of the use of the measure; and
 - (viii) a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure;
- (b) 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')—
 - (i) has spoken to the user about the measure; and
 - (ii) has signed the record to confirm it is accurate; and
- (c) within five 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.

This regulation refers to all behaviour interventions including restraint, sanctions and searching.

Inspection judgements

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

Not all consequences given to children are effective or appropriate. This was a theme at the previous inspection. For example, for one child, routine and structure at bedtime is a necessity; there have been two occasions where their bedtime routine has been disrupted because staff have given them a consequence during this time for poor behaviour. Some reactive parenting, rather than well thought out adult responses, remains. This, along with an absence of restorative consequences and a lack of management scrutiny, has resulted in decisions being made that do not take into account the histories and presenting needs for children.

The unacceptable behaviour of one young person towards the staff and visitors to the home went unchallenged. On too many occasions, staff are inconsistent in their approach to managing these behaviours. The unacceptable behaviour of the older child

has a negative impact on the younger children who live in this home.

All children attend school and are motivated to learn. One young person is not currently consistently attending school. However, staff ensure that education is being carried out within the home during school hours. A meeting took place during this inspection with the educational provider and a plan was agreed and is underway to try and reintegrate the young person back into school.

This home is situated in a rural setting which provides a peaceful place for children to live. Children have access to a stable block and horses that they can ride and care for. Children really enjoy this aspect of their care. Children's bedrooms are generally well kept and are individualised. One of the children's bedrooms was found to be messy with a dinner plate and food on the floor along with clothing and other items. The registered manager took action to ensure that this was addressed during this inspection.

Children who live in this home are supported to have contact with their families. At times, this can be really difficult. Staff recognise the importance of this contact for children and effectively facilitate the contact in order to minimise emotional distress. Children really value this time with their families and look forward to it.

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

The arrangements in place for the safe keeping and administration of medication are poor. Controlled drugs are not managed in line with guidelines. Not all prescribed drugs for children are signed out by the staff responsible for administering them and recording mistakes are not questioned or challenged. The current arrangements are not robust and management oversight is poor.

Policy and procedures in respect of safeguarding children have been reviewed and updated since the last inspection. Systems have been put in place that provide staff with clarity about what is expected of them if they have concerns about a child. There has been one safeguarding concern raised since the last inspection and this has been escalated effectively and in line with the policy and procedures.

Systems have been introduced to ensure that any allegations made in respect of staff are escalated to the designated officer. These systems are yet to be tested in practice as no concerns have been raised since the last inspection.

The arrangements in place to ensure the safe recruitment of staff are robust. The manager who oversees this area of practice is methodical in her approach. Where there are concerns about staff, further discussion and risk assessments take place to help decision making. This results in a safer workforce within this home.

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

Leaders and managers have not ensured that all the requirements made at the last

inspection have been met in full. This is specifically in respect of behaviour management and some inconsistencies in the care that children receive. Some good progress has been made in other areas where concerns were identified at previous inspections. There is a determination from leaders and managers to get things right.

The registered manager has been supported to develop her leadership skills and presented as confident and with an improved level of competence since the previous inspection. The employment of an additional manager has provided support and some positive practice ideas. This has allowed the registered manager to give an increased focus to managerial tasks and work towards greater oversight of the care. While some gaps in management oversight are still apparent, the changes made have resulted in a more reflective and challenging approach to practice and improvements in the overall care that children receive.

It is evident that a great deal of work has been carried out to improve management scrutiny and oversight of the care provided to children. This is particularly strong in respect of incidents in the home. The system that has been introduced provides a robust structure of review, challenge and reflection. The system is dependent upon all practice concerns or queries being identified by leaders and managers. The inspector noted that this same level of oversight had not been applied to all aspects of care, for example consequences for children. This has resulted in some poor practice not being identified.

Leaders and managers have made improvements to the supervision arrangements in place for staff. Practice is now formally and regularly addressed directly with staff. Regular and meaningful discussions are challenging staff to continually consider how they could better care for children. Staff spoken with felt that this approach supports them to think about, and reflect on, practice. These changes are positive but not yet fully embedded into practice.

Leaders and managers have good relationships and communication with other agencies. This ensures that regular conversations are held among key agencies in respect of the children and their families. For example, a specialist nurse has supported staff and provided them with the training that they require to confidently meet the medical needs of one of the children.

Information about this inspection

Inspectors have looked closely at the experiences and progress of children and young people. Inspectors considered the quality of work and the differences made to the lives of children and young people. They watched how professional staff work with children and young people and each other and discussed the effectiveness of help and care provided. Wherever possible, they talked to children and young people and their families. In addition, the inspectors have tried to understand what the children's home knows about how well it is performing, how well it is doing and what difference it is making for the children and young people whom it is trying to help, protect and look after.

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: SC482872

Provision sub-type: Children's home

Registered provider: Park Blue Homes Limited

Registered provider address: Fairfield Lodge, Evenwood Lane, Evenwood, Bishop Auckland, Durham DL14 9NH

Responsible individual: Richard Parker

Registered manager: Nicola Streat

Inspector

Tracey Ledder: social care inspector

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