

SC487196

Registered provider: Southern Adolescent Care Services Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home is owned and run by a private organisation. It provides care for up to five children with social and emotional difficulties.

The manager who is in day-to-day charge of the home registered with Ofsted in June 2020. The second manager who remains registered with Ofsted no longer manages the home.

Due to COVID-19 (coronavirus), at the request of the Secretary of State, we suspended all routine inspections of social care providers on 17 March 2020.

We last visited this setting on 2 September 2020 to carry out an assurance visit. The report is published on the Ofsted website.

Inspection dates: 7 to 8 July and 3 August 2021

Following full inspection on 7 and 8 July 2021 and subsequent internal quality assurance process, Ofsted invoked the incomplete inspection protocol and returned on 3 August 2021 to secure the evidence base.

Overall experiences and progress of children and young people, taking into account **inadequate**

How well children and young people are helped and protected **inadequate**

The effectiveness of leaders and managers **inadequate**

There are serious and widespread failures that mean children are not protected or their welfare is not promoted or safeguarded, and the care and experiences of children are poor, and they are not making progress.

Date of last inspection: 10 January 2019

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
10/01/2019	Full	Good
01/02/2018	Full	Outstanding
24/03/2017	Interim	Sustained effectiveness
23/11/2016	Full	Outstanding

Inspection judgements

Overall experiences and progress of children and young people: inadequate

Children experience poor-quality care that lacks a nurturing approach. One child said, 'Staff are antagonistic, and they wind situations up.' Another child described how their prescription was not collected because of poor communication between staff members. Children do not trust that staff will give them the support they need.

Children's health needs are not reliably met. One child was injured during an assault by another child, but they were not offered immediate medical support despite obvious injuries. Another child's immunisation booster injections were delayed twice because of staff inactions. These shortfalls demonstrate a lack of staff understanding about how to ensure children receive appropriate care and support. One child who has been experiencing poor mental health has been supported to improve their emotional well-being through key-worker sessions.

Children's care plans demonstrate poor decision-making by managers in response to serious incidents. For example, one child has been prevented from having free time in the community after they told staff about abuse by another child in the home. Managers made the decision to limit time in the community with the intention of keeping that child safe from further assault. However, managers did not consider how this restriction could be a punishment for the child speaking up.

When children make complaints to staff and managers, no action is taken. Children are actively discouraged by staff from escalating their concerns to external agencies. As a result, children are not empowered to effect change about matters which are important to them.

Since September 2020, five children have left the home in an unplanned way. Managers have not demonstrated any learning from these disruptions in order to reflect and improve the experiences and care provided to children.

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

Children are not protected from harm. There is no plan in place to ensure that a child at risk of self-harm is checked at intervals which are appropriate for their level of risk depending on their mood. Additionally, staff do not demonstrate an understanding of the need to monitor their access to objects in the home which could pose a risk. Outside the home, there is a location where the child is at risk of suicide attempts. However, this is not specified in the child's risk management documents or the home's location risk assessment. Insufficient information for staff and a lack of monitoring place the child at risk of harm.

Two children were not supervised by staff inside the home in line with an agreed plan. Following this, one child disclosed abuse by the other child. Children are not

safe, as staff fail to follow identified strategies which are there to protect children and reduce risks.

Children have repeatedly reported bullying to staff and managers, but this has not been acted upon. As a result, there is potential for this culture to continue.

Management of missing episodes is poor. As a result, one child has been placed at risk of substance misuse and criminal exploitation. This child's whereabouts were unknown during the inspection. There has been no learning from previous missing episodes. The child was dropped off by a staff member in an area which is known to be risky for them. Additionally, there has been a lack of professional curiosity about the potential impact of this child putting another child at risk of substance misuse.

The quality of risk assessments, and associated risk management strategies, is poor. Managers do not ensure that risk assessments have sufficient detail to address known risks. One child at high risk of sexual exploitation is routinely using public transport with no assessment of their ability to do so safely. Two other children were involved in a physical altercation, but information about the incident was not added to both children's risk assessments. As a result of this weakness, staff are unaware of all the risks to children and therefore cannot make informed decisions about how to keep them safe.

There are significant shortfalls in the child protection policy. It does not specify a timescale for reporting safeguarding concerns. On one occasion, staff failed to report an allegation of abuse by another child immediately. Due to this delay, there was a potential risk of further harm.

There is evidence of some good practice in relation to joint working with other professionals. On one occasion, when the manager had concerns about the staff team's ability to keep a child safe, they took prompt action. They contacted external agencies to ensure there was a multi-agency meeting to discuss the immediate risk of harm to the child.

The effectiveness of leaders and managers: inadequate

The registered manager in day-to-day charge has not demonstrated that they have the skills to manage the home effectively. Management monitoring of safeguarding incidents has been insufficient to identify and address shortfalls.

The system for storing children's records creates opportunity for details of key events to be missing. For example, one child was restrained following an assault on their peer. The record of the incident is in the files of the perpetrator only. There is no incident form about the assault on the record of the victim. This risks the children's records of their time in care being incomplete.

A further shortfall created by incident reports being stored on individual children's records is that there is no central log of events such as restraints, sanctions, safeguarding incidents and complaints. This makes it difficult for the day-to-day

manager to identify patterns and trends which could be learned from to improve practice.

Vetting of agency staff is insufficient to ensure they have the experience and skills to provide safe care for the children. As a result, there is a risk of unsuitable adults working at the home.

The provider has recognised that only a small proportion of the regular and bank staff working at the home have the necessary qualifications and is seeking to address this.

The registered manager in day-to-day charge does not ensure that children admitted to the home are compatible with the children already living there. Impact risk assessments identify how new children's behaviour may put others at risk, but do not inform staff of the strategies they need to put in place to mitigate against that risk.

Staff are not given training in areas such as problematic sexualised behaviour or self-harm, despite children being at risk from these behaviours. This means that staff do not have the skills to meet the complex needs of the children in their care.

There has been a failure to notify Ofsted of serious events. This limits the regulator's ability to monitor the management response to incidents which have placed children at risk of harm.

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 protection of children standard is that children are protected from harm and enabled to keep themselves safe. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff— assess whether each child is at risk of harm, taking into account information in the child's relevant plans, and, if necessary, make arrangements to reduce the risk of any harm to the child; help each child to understand how to keep safe; have the skills to identify and act upon signs that a child is at risk of harm; understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person; take effective action whenever there is a serious concern about a child's welfare; and are familiar with, and act in accordance with, the home's child protection policies. (Regulation 12 (1) (2)(a)(i)(ii)(iii)(v)(vi)(vii))	19 September 2021
The protection of children standard is that children are protected from harm and enabled to keep themselves safe. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff— manage relationships between children to prevent them from	19 September 2021

harming each other; and that the home's day-to-day care is arranged and delivered so as to keep each child safe and to protect each child effectively from harm. (Regulation 12 (1) (2)(a)(iv)(b))	
The care planning standard is that children— receive effectively planned care in or through the children's home; and have a positive experience of arriving at or moving on from the home. In particular, the standard in paragraph (1) requires the registered person to ensure— that children are admitted to the home only if their needs are within the range of needs of children for whom it is intended that the home is to provide care and accommodation, as set out in the home's statement of purpose. (Regulation 14 (1)(a)(b) (2)(a))	19 September 2021
The positive relationships standard is that children are helped to develop, and to benefit from, relationships based on— mutual respect and trust; an understanding about acceptable behaviour; and positive responses to other children and adults. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff— are provided with supervision and support to enable them to understand and manage their own feelings and responses to the behaviour and emotions of children, and to help children to do the same. (Regulation 11 (1)(a)(b)(c) (2)(a)(x))	19 September 2021
The registered person must prepare and implement a policy which— is intended to safeguard children accommodated in the children's home from abuse or neglect; and	19 September 2021

sets out the procedure to be followed in the event of an allegation of abuse or neglect. The procedure to be followed in the event of an allegation of abuse or neglect must, in particular— describe how and to whom staff are to report, without delay, any concern about abuse or neglect of a child. (Regulation 34 (1)(a)(b) (2)(f))	
A person may only manage a children's home if— having regard to the size of the home, its statement of purpose, and the number and needs (including any needs arising from any disability) of the children— the person has the appropriate experience, qualification and skills to manage the home effectively and lead the care of children. (Regulation 28 (1)(b)(i))	19 September 2021
The registered person must notify HMCI and each other relevant person without delay if— a child is involved in or subject to, or is suspected of being involved in or subject to, sexual exploitation; an incident requiring police involvement occurs in relation to a child which the registered person considers to be serious; there is an allegation of abuse against the home or a person working there; a child protection enquiry involving a child — is instigated; or concludes (in which case, the notification must include the outcome of the child protection enquiry); or there is any other incident relating to a child which the registered person considers to be serious. (Regulation 40 (4)(a)(b)(c)(d)(i)(ii)(e))	19 September 2021
The registered person must ensure that a record is made of any complaint, the action taken in response, and the outcome of any investigation. The registered person must ensure that no child is subject to	19 September 2021

any reprisal for making a complaint or representation. (Regulation 39 (3) (4))	
The registered person must recruit staff using recruitment procedures that are designed to ensure children's safety. The registered person may only— employ an individual to work at the children's home; or if an individual is employed by a person other than the registered person to work at the home in a position in which the individual may have regular contact with children, allow that individual to work at the home, if the individual satisfies the requirements in paragraph (3). The requirements are that— the individual is of integrity and good character; the individual has the appropriate experience, qualification and skills for the work that the individual is to perform; full and satisfactory information is available in relation to the individual in respect of each of the matters in Schedule 2. (Regulation 32 (1) (2)(a)(b) (3)(a)(b)(d))	19 September 2021
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; 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)(c)(h))	19 September 2021
The health and well-being standard is that—	19 September 2021

the health and well-being needs of children are met; and children receive advice, services and support in relation to their health and well-being. In particular, the standard in paragraph (1) requires the registered person to ensure— that each child has access to such dental, medical, nursing, psychiatric and psychological advice, treatment and other services as the child may require. (Regulation 10 (1)(a)(b) (2)(c))	
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* These requirements are subject to a compliance notice.

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: SC487196

Provision sub-type: Children's home

Registered provider: Southern Adolescent Care Services Limited

Registered provider address: Maybrook House, Second Floor, Queensway,
Halesowen, West Midlands B63 4AH

Responsible individual: Sharon Webster

Registered managers: Sarah Chaston and Sharon Jenner

Inspectors

Paul Thomas, Social Care Inspector
Stephen Collett, Social Care Inspector
Helen Simmons, Social Care Inspector

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