

Inspection report for children's home

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Inspector	Russell Shackford
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Service information

Brief description of the service

This children's home is operated by a private company. It provides three long-term placements for young people who have emotional and behavioural difficulties.

The inspection judgements and what they mean

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

Overall effectiveness

The overall effectiveness is judged to be **inadequate**.

Outcomes for young people are inadequate because there are significant shortfalls in education attendance and achievement, health promotion, placement planning, safe medication arrangements, behaviour management strategies, staff training, leadership and management and quality assurance monitoring and practices. As a result, outcomes for young people are inadequate and their welfare is not adequately safeguarded.

Some young people enjoy good health because their health needs are effectively identified and services are provided to meet these. However, others do not enjoy such good health because staff support them in smoking by purchasing cigarettes on their behalf. Arrangements for dealing with medication are not safe because controlled drugs are not securely stored in line with government guidance and the organisation's policy.

Taking into account their starting point at the time of placement, not all young people are making adequate progress towards desired educational attendance and achievements.

Young people confirm that their views are genuinely sought and acted upon. The staff encourage them to make decisions about their lives and influence the way that the home is run.

Young people say that they are confident to complain and understand how to do so. Any complaints received are clearly recorded to reflect the action taken by the staff and the outcomes.

Full information is not always received before decisions about admissions to the home are made and the Registered Manager is not always at the heart of the decision making. This means the young people's needs may not be met and the potential to impact upon the care and welfare of young people already living at the home cannot be adequately assessed. Although the written quality of placement plans is good, omissions about education targets, health promotion and poor behaviour management strategies around smoking undermines the quality of them.

There are effective arrangements to support young people to remain in contact with their families. Effective support is in place to help young people learn skills that they will need for later in life. Good fire safety practices help to keep young people safe.

Although the staff are experienced, not all of them have received training appropriate to the needs of the young people accommodated. The manager has failed to promote compliance with the Children's Home's Regulations and the organisation's policies around smoking and storage of controlled drugs. There is inadequate monitoring to maintain and improve the quality of care in the home.

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
11 (2001)	ensure the children's home is conducted so as to promote and make proper provision for the welfare and care of children accommodated there; specifically by ensuring the needs of the existing group of children are taken into account when making placement decisions (Regulation 11 (1) (a) and (b))	20/07/2012
18 (2001)	promote the educational achievement of children accommodated in a children's home (Regulation 18 (1) (a - c))	30/05/2012
20 (2001)	promote and protect the physical, emotional and mental health of the children accommodated in a children's home, in particular by ceasing the practice of purchasing cigarettes on behalf of the children (Regulation 20 (1))	30/05/2012
21 (2001)	make suitable arrangements for the recording, handling, safekeeping safe administration and disposal of any medicines received into the children's home, in particular by ensuring that any medicine which is kept in a children's home is stored in a secure place (Regulation 21 (1))	30/05/2012
27 (2001)	ensure that all persons employed by the registered provider receive appropriate training, in particular around first aid, autism and attention disorders (Regulation 27 (4) (a))	01/09/2012

34 (2001)	revise and maintain the system for monitoring the matters set out in Schedule 6 at appropriate intervals to ensure the established system improves the quality of care provided in the children's home; ensure the system provides for consultation with children accommodated in the home, their parents and placing authorities (Regulation 34 (1 - 3))	01/07/2012
33 (2001)	establish and maintain an adequate system for monitoring and improving the quality of care at the home. (Regulation 33)	01/07/2012

Recommendations

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

Outcomes for children and young people

Outcomes for children and young people are **inadequate**.

Outcomes for young people are inadequate because there are significant shortfalls in education attendance and achievement, health promotion, placement planning, safe medication arrangements, behaviour management strategies, staff training, leadership and management and quality assurance monitoring and practices.

Some young people enjoy good health because their health needs are effectively identified and services are provided to meet these. However, others do not enjoy such good health because staff support them in smoking by purchasing cigarettes on their behalf. Therefore, some young people's welfare is not safeguarded and their longer term health outcomes are potentially compromised because they continue to engage in risk taking behaviours such as frequent smoking.

Some young people's education attendance is good, whilst others has decreased significantly to the point of non-attendance. Alternative education arrangements are inadequate and staff say 'some young people are left de-motivated'. Taking into account their starting point at the time of placement, not all young people are making adequate progress towards desired educational achievements.

Young people are enthusiastic and proud to contribute to their local community in a variety of ways. This includes voluntary work in charity shops.

The home has its own life skills plan for young people. These are implemented according to the level of maturity and understanding of the individual. Young people sometimes learn skills through taking part in the tasks of running the home, such as cleaning and cooking. Young people are also given help and support with social skills, laundry, healthy eating, budgeting, clothing care and shopping. Therefore, young people receive care which prepares them well for adulthood.

Quality of care

The quality of the care is **inadequate**.

Young people benefit from the discussions and stimulating interactive activities that staff use to build relationships with them. However, young people are not being consistently supported to develop skills in managing their own behaviours or to develop positive relationships with others. For example, following a lack of co-operation by young people to stop risk taking behaviours around smoking cigarettes, the manager and some staff have abandoned the strategies identified in placement plans and resorted to purchasing cigarettes on behalf of young people. This impacts on the young people's perception of appropriate boundaries and compromises the quality of relationships between staff and young people.

Young people say that they are confident to complain and understand how to do so. Any complaints received are clearly recorded to reflect the action taken by staff and the outcomes.

Admissions to the home are planned and the young person and their family, where appropriate, are involved in that planning. Young people usually visit the home before they move in to meet people and get information about the home. Staff find out about young people's differences, routines, strengths and needs. However, full information is not always received before decisions about admissions to the home are made and the registered manager is not always at the heart of the decision making. This means the young people's needs may not be met. The manager described being 'shocked' to learn of the needs of a child placed before full information had been obtained and expressed concern about how this has the potential to impact upon the care and welfare of young people already living at the home. Staff are aware of young people's assessed needs and the consistently well-written placement plans clearly outline how young people's needs will be met. However, omissions about education targets, health promotion and poor behaviour management strategies around smoking undermines the quality of the plans.

Organised activities, such as walking, swimming and canoeing help to keep young people fit and healthy. Young people are encouraged to eat healthy foods and snacks. They are involved in planning, shopping for and cooking meals. Staff support and encourage young people to attend routine appointments with dentists, doctors and opticians; where appropriate, young people are encouraged to take some responsibility for managing their own health needs. However, the purchasing of cigarettes on behalf of young people does not promote or protect their immediate and longer term health. Arrangements for dealing with medication are not safe because controlled drugs are not securely stored in line with government guidance and the organisation's policy. Not all staff have received up-to-date first aid training so young people may not receive immediate care or treatment in an emergency.

Educational needs are not well met for all young people because the staff and manager have a poor understanding of what young people do at school and what their levels of attainment are. The organisation's school education plans do not

provide sufficient guidance for staff about young people's identified targets and what support is required of them to help young people meet their targets. As a result, this aspect of young people's care is not embedded in their placement plans for staff to follow. Staff are not proactive in their efforts to learn what young people's levels of achievement are and therefore no supplementary support has been arranged. As a result, education outcomes for young people are poor.

Young people are able to pursue their particular interests and are enthusiastically supported and encouraged by staff to engage in leisure activities. Staff attempt to enable young people to socialise and to build their esteem and confidence by supporting their individual choices. The staff have established very good links and relationships with community-based activity providers such as the local youth club. Examples of organised activities include water sports, cinema, shopping, meals out and swimming. There is also a good range of books, DVDs and games available for education and entertainment.

The young people live in a home that is very well located near to shops, leisure, and education and employment opportunities. It is on the main bus route to the nearby town centre. The interior and exterior of the home are in a good state of structural and decorative repair. There is a good maintenance and repair programme for the building, furniture and equipment, and any damage is repaired promptly. The garden is well maintained and safe. The home is clean and there are homely touches throughout.

Safeguarding children and young people

The service is **inadequate** at keeping children and young people safe and feeling safe.

Staff often engage young people in talking through any identified concerns. One young person said, 'I feel very safe here, the staff talk to me about how to keep safe.' Where particular risks are identified, written risk assessments are recorded to help the staff understand what action to take to minimise these risks. However, the practice of purchasing cigarettes on behalf of young people as a response to their risk taking behaviours to obtain them for themselves is poor and against the organisation's anti-smoking policy.

The provider has very good safeguarding systems and procedures for staff to follow in the event of any allegation or suspicion of abuse. The manager and staff have received child protection training which includes elements of child exploitation and on-line protection. Staff demonstrate a good knowledge and understanding of the safeguarding procedures to promote and protect young people's safety. Anti-bullying training is provided for staff and effective policies and procedures support this. Young people say that, 'there is no bullying at the home and bullying is not accepted' and that it is often on the agenda of their meetings to make sure everyone is aware of this. There is good written guidance for staff to follow in the event of unauthorised absence. This is supported by individualised risk assessment records.

Sanctions are relevant and reflect the age and understanding of the young people. Any sanctions imposed are reviewed regularly for appropriateness and effectiveness. Personalised behaviour management plans are used. They contain individualised details for staff to follow when managing young people's behaviour. However, the practice of purchasing cigarettes on behalf of young people as a response to their risk-taking behaviours to obtain them for themselves is neither positive nor proactive. Following the latest admission to the home, the use of physical restraint to manage some young people's behaviour is escalating. However, record keeping is good and there is evidence that it is monitored well to identify patterns or trends that can be used to support young people further. Staff are trained in the provider's de-escalation policy and authorised intervention techniques.

Regular fire safety checks, general checks and maintenance arrangements ensure the home is physically safe and is kept safe. All staff have received fire safety training to enable them to minimise the risks to young people in the event of a fire at the home. One young person confirmed this saying, 'I have been involved in a fire drill to make sure I know what to do.'

All staff are appropriately recruited and undergo suitable Criminal Records Bureau checks to ensure that they are suitable to work with young people.

Leadership and management

The leadership and management of the children's home are **inadequate**.

A Statement of Purpose is available to inform professionals and members of the public about how care is provided at the home. There is a good children's guide to which is appropriate to the age and understanding of the children accommodated. Young people receive a copy of it before they come to live at the home so that they know what to expect if they go to live there.

There is a consistent staff team which has a broad range of skills and experience among its members. New members of staff receive good quality induction training before commencing work with the young people. Management support is described as 'good' by staff who confirm that they are in receipt of regular supervision. However, the manager has failed to promote compliance with the Children's Home's Regulations and the organisation's policies around purchasing cigarettes on behalf of young people and storage of controlled drugs. As a result, outcomes for young people are inadequate and their welfare is not adequately safeguarded.

Staff are trained in a wide variety of safety and childcare subjects. An ongoing programme of regular refresher training is provided in a range of subjects to enhance the staff team's competence to meet the needs of the young people. However, not all staff are appropriately trained to meet the needs of the young people; significant omissions are noted regarding up-to-date training around autism, first aid and attention disorders.

Monitoring of the home is inadequate. The manager has systems to monitor, report

on and evaluate the administrative systems of the home to help ensure that any areas of weakness identified are promptly acted upon. This is supported by regular unannounced visits from the provider to monitor and improve the quality of care at the home. However, these quality assurance systems have failed to identify or adequately address the care and welfare matters raised in this report. These arrangements are not strong enough or effective enough to tackle the weaknesses identified and secure improvement.

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 *Inspections of children's homes – framework for inspection* (March 2011) and the evaluation schedule for children's homes.