

## Inspection report for children's home

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<b>Inspection date</b>	03/12/2013
<b>Inspector</b>	Angus Mackay
<b>Type of inspection</b>	Full
<b>Provision subtype</b>	Children's home

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<b>Date of last inspection</b>	10/01/2013
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## Service information

### Brief description of the service

This service is a privately run children's home that provides care and accommodation for up to four young people who may have emotional or 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 **good**.

This is a well-run home benefitting from a highly committed management team. Managers have a clear understanding of the underlying therapeutic approach and ensure that the staff team are properly supported in this intensely demanding work. Parents, young people and social workers think highly of the staff team. One family member says, 'All of the staff are really good they are just like part of the family.' A senior social worker said, 'It is no exaggeration to say that they are absolutely excellent.'

Staff create a warm and nurturing environment where young people feel safe and cared for. One social worker said of the home, 'The young person is happy here and was surprised at the care here. She is getting things she has never had in her life, regular care, nurture and interest.'

Safeguarding training, support from therapists and supervision empowers staff to confidently work with young people who have experienced many complex and often damaging life events. Managers and staff successfully create an environment where young people can safely address issues. Young people make progress in all aspects of their development, in education, health and in reducing high risk behaviours such as offending, drink and drug abuse. Transitions are well-managed, ensuring young people do not suffer rejection and maintain their progress in sustaining healthy attachments.

Young people say that restraint is used only to keep them safe. The restraint policy is not in line with practice, although managers addressed this during the inspection and all staff were issued with the corrected policy. External monitoring reports assist in

improving the quality of care but do not currently include the comments of parents or family members. The managers have agreements in place with social workers and young people to use door alarms to ensure safety during the night but this is not included in the Statement of Purpose. The frequency of fire drills is adequate but is not as described in the Statement of Purpose. Other recommendations are made to improve the quality of care through: engaging young people in commenting on their care plans; evaluating behavioural interventions to identify effective measures; ensuring all staff have an appropriate qualification; ensuring missing persons procedures are in line with current guidance; and ensuring young people are always offered appropriate medical intervention following a restraint.

## 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
33 (2001)	interview, with their consent and in private, the young people's parents and other relatives as appears necessary in order to form an opinion of the standard of care provided in the home (Regulation 33 (4))	28/02/2014
5 (2001)	ensure that the registered person shall (a) keep under review and, where appropriate, revise the statement of purpose and the children's guide; (b) notify HMCI of any such revision within 28 days (Regulation 5 (a) (b))	28/02/2014
17A (2001)	ensure that a measure of restraint may only be used on a child accommodated in the children's home for the purpose of (a) preventing injury to any person (including the child who is being restrained); (b) preventing serious damage to the property of any person( including the child who is being restrained). (Regulation 17A (1) (a)(b))	05/12/2013

### Recommendations

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

- ensure if a child is missing from the home and their whereabouts is not known (i.e. the child is missing), the home's procedures are compatible with and have regard to Runaway and Missing from Home and Care (RMFHC) protocols and procedures maintained and managed by the police or by the local authority for the area where the home is located (NMS 5.6)

- ensure that where there has been a physical restraint, children are always given the opportunity to be examined by a registered nurse or medical practitioner (NMS 3.16)
- ensure that children are encouraged to read their files, other than confidential or third party information and to correct errors and add personal statements (NMS 22.5)
- ensure that when regularly reviewing incidents of challenging behaviour and examining trends or issues emerging from this, staff record discussions on effectiveness of interventions including sanctions and rewards enabling them to reflect and to learn to inform future practice (NMS 3.21)
- ensure that all new staff either have the level 3 qualification or be working towards the level 3 Children and Young People's Workforce Diploma within 6 months of confirmation of employment. (NMS18.5)

## Outcomes for children and young people

Outcomes for young people are **good**.

All young people make progress in the home with some making exceptional progress. Young people with fragmented attachments and disrupted backgrounds make significant progress in developing trust and in sustaining relationships. Social workers are positive about the home and the impact it has on the young people one saying, 'He has done excellent work with staff on sustaining his relationships and preparing himself for adulthood.'

Young people make good use of therapy sessions and the attachments they make with staff. Young people trust staff and are able to open-up to them about traumatic events in their lives and then engage positively in therapeutic interventions. Social workers evidence improvements in young people through this work. One social worker commented, 'The young person has made a lot of progress. No other home would have stuck with the behaviours and worked through them and I have seen this with others they are working with currently. Through their therapeutic work they got the young person to deal with their difficult behaviour. With this help, the young person can now deal with anger and frustration appropriately.' One young person said of the approach, 'It is awesome here; they have helped me through a lot of stuff. They have helped me with work on feelings and have helped me through therapy to understand issues like self-harm, anger management, family, being proud of myself, sadness, being scared. Feelings I could not connect with.' Through this work and with staff support young people develop positive self-view and healthy attachments.

Young people make good progress in all aspects of their health. As they mature they also learn how to access health services and arrange their own appointments. One young person says, 'Staff do go on to me about good health and doing exercise. I do try to avoid this but they get me swimming. I love swimming so I need no persuasion for that. They tell me about healthy eating and I know what is healthy

and what is not. I like fried food but they are always saying eat vegetables eat fruit.' Young people progress in personal hygiene, smoking cessation, stopping drug and alcohol abuse and developing awareness of sexual health issues. One social worker said of one young person, 'Her general well-being has improved as well. Before coming here she had no medical care, now they have taken her to the doctor, dentist and optician. She had poor self-hygiene and could not keep herself clean which she does now.' As a result of improved self-image and health education, young people have stopped smoking, taking drugs and alcohol, and engaging in unsafe sex.

Young people all attend some form of education. Attendance is variable, with some young people having good attendance and others requiring more time out to address their emotional problems. However, all young people are achieving positive results in education and are successfully sustaining relationships in educational settings. One social worker commented, 'They have helped him to be successful in education and to be able to interact with others appropriately in that situation.'

Young people are actively involved in helping others in their local community. As they settle in the home they are able to engage positively in helping others. This includes work with the elderly, helping out with riding lessons for children with disabilities and seeking work with children in a school for the deaf. Young people develop community responsibility, sustain attachments and gain a positive self-view through this work.

Young people join enthusiastically in a wide range of activities both in and out of the home. Young people say that there are some activities the home does with everyone but they can choose what they want to do. The activities include cadets, scouts, football, horse riding, skateboarding, swimming, Tae Kwando, cinema, trips out and consideration of anything the young people wish to do. Young people enjoy the activities and improve social skills, health and community engagement through them.

Young people gradually gain independence skills learning how to care for themselves and live without the intensive supports provided in the home. All young people do daily chores and additional tasks which they are emotionally ready to undertake. Young people prepare to move to a semi-independent setting nearby by learning how to cook, do laundry and care for themselves. Part of the progression is gradually weaning the young people from the intensive attachments they have formed within the home. One social worker said of the process, 'They have worked exceptionally well at preparing him for independent living. He now has a clear understanding of his strengths and weaknesses. Through that he knows what he needs help with. He has succeeded in the gaining independence skills because of the work of the home. He now behaves like a young adult.'

## Quality of care

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

Young people, their social workers and where appropriate their families or carers, engage in detailed planning and assessment prior to any admission. The home does

not accept young people on an emergency basis, as the planning and initial assessment is considered vital to a successful living experience. The home ensures that it can meet all of a young person's cultural, personal, educational and emotional needs prior to admission. In addition the home gives due consideration to the impact a young person would have on the other young people in the home. Consequently young people feel well prepared for their move to the home. In addition staff have excellent risk assessments in place which enable rather than hinder the work with young people. Consequently young people settle quickly and rarely go missing even in this introductory phase.

Young people are clear that staff are positive with them and always concerned for their welfare. One young person commented, 'The staff are funny, fun to play games with, strict with rules and nice. If I am struggling I don't like the staff and take it out on them. They never get angry, they say they are disappointed. They are always there for you even if you are angry or aggressive.'

Young people confirm that they know how to make a complaint and are confident to do so. All young people say that they are confident that staff would not treat them any differently if they did make a complaint. Complaints are thoroughly investigated and comments from young people about outcomes are recorded and used to improve practice. Staff and young people openly discuss outcomes from complaints using them positively in their on-going work, evidencing the strength of relationships between them.

Young people are clear that keyworkers discuss long and short term targets with them. They show a clear understanding of staff expectations and educational, health and care targets. However, they were all unclear about care plans or placement plans and said that they never see these or comment directly on them. A common comment was, 'I have never looked at my care plan I do not know what it is, keyworkers talk to us about all of those things. But no we do not get a chance to contribute to that.' Young people are aware of the content of their care plans but do not feel involved in the care planning process.

Staff ensure that all young people attend some form of education. Where young people have no current school placement they attend home tutoring. To assist them in planning for full school attendance they are required to keep to school hours and wear school uniform in the house. Staff aid young people in their study and help them to work towards a move to full-time schooling or college.

Staff assist young people to address all health issues including mental health. Medication is safely stored and issued to young people. Recording of medication is done in line with Royal Pharmaceutical Guidelines ensuring safe storage, recording, issuing and disposal of controlled drugs. Staff maintain clear records on appointments and health targets for young people. All young people are registered with a general practitioner and receive regular optical and dental checks. Young people are knowledgeable about healthy eating and the benefits of exercise. Staff monitor young people's health closely, including body mass indices, allowing them to assist young people in tracking health improvements. Young people develop healthy

patterns and a good awareness of how to maintain and improve their health.

Staff develop excellent relationships with families and significant people in the young people's lives. Through this they aid young people to construct 'life stories'. Therapists travel considerable distances with young people, allowing them to fill-in gaps in their histories with a strong safety net around them.

### **Safeguarding children and young people**

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

Young people say that they are safe in the home they are aware of the house rules and say they understand why staff stop them from doing unsafe things. One young person said of the home, 'I feel safe here. I get on with staff they help me a lot.'

Staff are trained in safeguarding and child protection and confidently apply this training in their work with young people. Young people build strong relationships with staff and explore damaged attachments and previous life experiences with them. Social workers and family members praise the work the home does in helping young people address significant issues from their past. One social worker commented, 'She has been able to disclose some very difficult issues from her past in a safe environment which I feel is entirely down to the staff being there to support her through this very difficult time.' Staff maintain highly detailed records of conversations, keywork sessions and observations to aid in this process. All young people are offered a range of therapeutic interventions by suitably qualified staff to aid them in successfully progressing and dealing with the complex issues arising. Young people address these issues in a safe and nurturing environment, with appropriate professional support. This enables them to manage the complex emotions this work raises and safely explore their past experiences.

Young people rarely go missing and when they do staff take all appropriate measures to find them and then welcome them back into the home. Records are appropriately monitored by managers; however, the policy and procedures have not been reviewed recently and do not reflect some current terminology. Young people remain safe by staff application of good working practice and positive use of risk assessments.

Staff recruitment is thorough and all appropriate checks are followed in line with safer recruitment guidelines and children's homes regulations. Young people are involved in the recruitment process, improving successful outcomes in staff appointments and improving young people's confidence in the service.

All staff have a common understanding of when restraint can be used which is reinforced in training and is compliant with regulations. However, the restraint policy is not fully compliant with regulations. The policy included the use of restraint to prevent absconding, potentially compromising the safe care of the young people. The manager changed this during the inspection, issuing new guidelines to staff which are compliant with regulations. Managers are vigilant in monitoring restraints and



address any situation where restraint is used in a manner not compliant with Children's Homes Regulations 2001. Managers had previously improved the recording of restraints ensuring that they provide a clear record of antecedents and attempts to defuse the situation. However, it is unclear from current records if young people are routinely given the option to see a general practitioner or qualified nurse following all physical interventions. Care plans and risk assessments contain detailed guidance on what interventions work best with each young person. These plans are regularly updated and reviewed. However, there is no recorded analysis of interventions including rewards, sanctions and restraints. Consequently the home has no recorded identification of patterns or trends in behaviour and no recorded strategic approach to reducing incidences of restraint. Young people say that restraint is only ever used to keep them safe. Some of the young people talked about their behaviour leading to restraints, with comments such as, 'Sometimes I take things out on staff but they are always OK with me afterwards. They still give me a hug. They will talk about why I behaved like I did. Staff tell me they are disappointed in me but not angry at me.' Another young person says, 'I have been restrained but only to keep me safe.' Management monitoring of restraints and the young people's confidence in the complaints process ensure that they remain safely cared for.

Young people live in a safe, comfortable, well maintained environment and have all practiced the emergency evacuation procedure. Fire drills are regular but not as frequent as mentioned in the Statement of Purpose. Young people have highly personalised bedrooms with many posters and pictures adorning their walls. They can have pets in their rooms and can 'earn' keys when they are safe to be unsupervised. The home is warm and comfortable and first impressions are of a well looked after family home.

## **Leadership and management**

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

Leaders and managers are suitably qualified and experienced. They are well liked by external professionals and young people's families and provide good support to staff and young people. One social worker commented, 'Communication from the home is really perfect. They always communicate any issues, the managers are really good.' Managers are knowledgeable about current legislation and ensure staff are updated as required. Managers are directly involved in the work with the young people. Staff say, 'The managers here have a real in-depth understanding of all of the young people. They are very supportive and will come in if we have an issue. The managers are very involved and know the kids inside out, that includes the directors.'

Supervision is regular and of good quality. Staff praise the quality of supervision and training saying, 'Training and supervision are fantastic and really helps us with our work...The managers are incredibly supportive.' Staff training includes courses preparing staff appropriately for the intensive therapeutic work they undertake with young people. The training matrix is extensive, ensuring staff are properly prepared for the role described in the Statement of Purpose. However, not all staff have, or are working towards, an appropriate level 3 qualification. Young people are fully

involved in staff appraisals and their views are incorporated into the appraisal process. This improves young people's ownership of the home, develops their sense of responsibility and aids the improvement of staff performance.

Managers have a good understanding of the strengths and weaknesses of the home. External monitoring reports are detailed and give a good overview of the conduct of the home. The monitoring visits include discussion with the young people and an honest reporting of their comments. To date, these reports have not included contact with family members. The reports highlight health and safety issues and provide helpful information to the manager on staff compliance with recording, fire maintenance and meeting regulations and national minimum standards. The manager uses the comments from these reports positively, ensuring standards are constantly improving for young people, for example a faulty fire door, identified in a recent report, was repaired during the inspection. Reports are regularly submitted to HMCI as required.

The managers conduct daily audits of the home, records, children's behaviour and staff performance. Managers use this information to identify trends or patterns in behaviour or areas of the building or staff performance which need to be addressed. For example during the inspection managers picked up and addressed an inappropriate restraint, a pattern in a young person's absence from school and a repair which was required. The manager has commenced sending a report of their monitoring to HMCI every six months. The reports contain comprehensive information on the conduct of the home but currently do not contain the regular analysis of information which managers conduct, in particular with regard to reviewing behaviour management strategies. The manager's monitoring and subsequent actions provide a constantly improving environment for young people.

The home is well maintained and the manager ensures that all health and safety requirements are met. She maintains a health and safety risk assessment of the building which she supports by daily audits. All appropriate health and safety checks are current ensuring a safe environment for young people. Staff comment positively on the excellent staffing ratios in the home which enable them to do more intensive work with the young people. One member of staff commented, 'Other homes are often just containing children and do not have sufficient staff to do the therapeutic work. Here they are really on top of the numbers - usually a minimum of five staff with four children so you can take someone off by themselves or focus on individual's needs.'

The Statement of Purpose and children's guide are regularly reviewed and modified to reflect current practice. However, the Statement of Purpose does not include information on the use of bedroom door alarms, and the frequency of fire drills is incorrect. All social workers and young people have signed agreement to the use of door alarms to keep young people safe during the night. Fire drills are mentioned in the Statement of Purpose as occurring monthly but actually are held quarterly. The young person's guide is relatively complex and lengthy. Managers and young people are creating a filmed document to show how the home functions. However, one young person said of the guide, 'When I came I got one of the booklets I found it

helpful. It was long and there was a lot to take in but it was helpful.' Errors in the Statement of Purpose do not adversely affect young people's care.

## 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* and the evaluation schedule for the inspection of children's homes.