

Inspection report for children's home

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Inspection date	13/03/2014
Inspector	Jackie Graves
Type of inspection	Interim
Provision subtype	Children's home

Date of last inspection	26/02/2013
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Service information

Brief description of the service

The Vine Respite Service is operated by a private company. The home is registered for three short break places and two long term placements. The short break aspect of the service generally operates between Friday and Monday and in school holidays.

The inspection judgements and what they mean

Good progress	The children's home has demonstrated continued improvement in quality of care and outcomes for children and young people and where appropriate has addressed all requirements and the large majority of recommendations that were raised at the previous inspection.
Satisfactory progress	The children's home has maintained quality of care and outcomes for children and young people and where appropriate has addressed all requirements and the majority of recommendations that were raised at the previous inspection.
Inadequate progress	The children's home has failed to address one or more requirements and/or has not met the majority of recommendations and/or the quality of care and outcomes for children and young people have declined since the last full inspection.

Progress

Since their previous inspection the service is judged to be making **inadequate progress**.

At the last full inspection in November 2013, the home was judged good overall. Although the home has met all requirements and recommendations made at the last inspection, there has been some deterioration in the quality of care which results in the judgement of inadequate progress.

For some children there has been an increase recently in challenging behaviour including violent attacks on staff and changes to the intensity of self-harming behaviour. Not all staff work successfully in managing the needs of those children who have autism and self-harming behaviour; for example, some appear to lack empathy or appear brusque when working with them. However, other staff appear to be more warm, caring and nurturing towards the children in their care. Some parents feel that not all staff have a good understanding of the needs of children with autism, for example, not allowing them sufficient time to process information when they are given instructions. Training in the restraint methods used by the home is planned for new staff. However, some staff who are not yet trained have been used as a 'physical presence' when allocated to children with particularly challenging and

sometimes violent behaviour; this could compromise children's and staff safety.

Communication with schools, families and social workers has not been effective at times, particularly when sharing information about children's injuries. Some parents and social workers find that staff are not consistent in the information they provide to them about the injuries acquired. Records do not provide clear evidence trails about when and where injuries may have occurred and whether these are likely to be self-harming behaviour or not. Records also do not make clear how this information has been shared with all who have an interest in the child's welfare. For example, a home-school diary does not mention quite significant bruising on one child. This potentially compromises the protection of children.

Some arrangements for children's medical and health care are weak. Although there is evidence of staff discussion about seeking medical advice about some self-inflicted injuries, this is not always followed through. Dietary advice has not been sought on helping children to develop good eating habits, planning appropriate menus or helping them to maintain a healthy weight. Therefore, children do not always get medical advice when they might require this and do not get the help they need to improve their health long-term regarding better food intake and maintaining a healthier weight. Some parents find the food 'very healthy', including dishes to reflect their child's culture. Other parents find the food of poor quality and portion size excessive. Menus are designed for individuals and show varied foods at some meals, but other meals are not particularly well balanced. For example, dinner one day includes just 'rice pudding, custard and cake' for one child.

Contact arrangements are not suitable for all children. Parents whose children are staying for a short break, tend to phone if they wish to keep in touch with their children. Parents of those living in the home visit their children, although some feel they are restricted to times around the needs of those children using the home as a respite service. Some children have not been supported to visit relatives at the family home. Indecision about staffing ratios and any risk around facilitating such visits has resulted in children losing valuable links to their family home.

The home's recruitment of staff is mostly thorough, by verifying references and obtaining DBS checks to try to make sure people are suitable to work with children. However, records show that managers do not address applicants' failure to declare a conviction in their application form to ascertain their suitability to work with children.

Since the last inspection, the home has made good progress in meeting the two requirements and three recommendations made, which is an indication of capacity to improve. Management has improved safety by securing doors to prevent a child potentially accessing a room in the roof space.

The provider's checks on the home now include consultation with children, parents and placing authorities so a more comprehensive view of the home is obtained. A development plan has been written which incorporates ideas for the immediate future of the home.

Medication records have been reviewed and a new format devised. These provide a clear, individual record, including the child's photograph, which makes these personal and also assists staff with identification. Health information is now collated in one place in children's files, with the introduction of health passports. However, health passports are not yet completed regarding children's weight, so this aspect of health is not currently monitored.

The home now records restraints in a bound and numbered book so that records cannot be tampered with after an entry is made. However, some details which must be recorded in restraint records are not included, so a full picture of the event is not apparent.

The premises remain clean and tidy. Maintenance is on-going and damage is repaired in reasonable timescales to keep a homely appearance. The conservatory is used as a dining and play space. However, in full sun, the glare from the roof is very intense and may affect children using this space.

Children and their families are pleased with the photo calendars the home has produced, which capture children taking part in activities during the year. Further initiatives include introducing on-line booking for those parents requiring a short break for their children and capturing children's views on DVD about what they want from staff so this can be considered at recruitment.

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)	promote and make proper provision for the safeguarding and welfare of children accommodated in the children's home, specifically, improving record keeping, communication and information sharing with all interested parties about any suspected self-harming injuries or possible non-accidental injuries (Regulation 11 (1) (a) (b))	30/04/2014
13 (2001)	ensure that children accommodated in a children's home are provided with food which is served in adequate quantities and is suitable for their needs (Regulation 13 (1) (a) (i) (iii))	30/04/2014
17B (2001)	ensure that within 24 hours of the use of any measure of control, restraint or discipline in a children's home, a written record is made in a volume kept for the purpose of which shall include-(a) the name of the child concerned; (b) details of the child's behaviour leading to the use of the measure; (f) the effectiveness and any consequences of the use of the measure	30/04/2014

	(Regulation 17B (a) (b) (f))	
17B (2001)	make sure that where a measure of restraint is used on a child the record under paragraph (3) must include-(a) the duration of the measure of restraint; and (b) details of any methods used to avoid the need to use that measure (Regulation 17B (4) (a) (b))	30/04/2014
20 (2001)	ensure that the registered person promotes and protects the physical and emotional health of the children accommodated in a children's home, specifically that children's weight is monitored when this is an issue, that appropriate dietary advice is sought, and that medical advice is sought for self-harming injuries. (Regulation 20 (1))	30/04/2014

Recommendations

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

- make sure that where staff are used as a physical presence, that they are trained in the home's restraint techniques (NMS 3.15)
- promote and facilitate appropriate forms of contact for each child, specifically to risk assess the possibility of visits by the child to relatives (NMS 9.1)
- ensure the home's design promotes health, specifically that consideration is given to providing some shade in the conservatory (NMS 10.2)
- demonstrate in records how good recruitment practice is followed, specifically in relation to exploring why a candidate may not have disclosed a conviction on their application form (NMS 16.2)
- ensure that staff are equipped with the skills to meet the needs of the children and the purpose of the setting, specifically that staff are trained in autism and self-harming behaviour. (NMS 18.1)

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 progress made by the provider since the last full inspection, identifies any further strengths, any areas for improvement and makes judgements as outlined in the *Inspection of children's homes – framework for inspection*.