

Inspection report for children's home

Unique reference number	SC361167
Inspector	Christy Wannop
Type of inspection	Full
Provision subtype	Residential special school (>295 days/year)

Registered person	New Options (3) Ltd.
Registered person address	Turnpike Gate House Alcester Heath Alcester Warwickshire B49 5JG
Responsible individual	Graham Baker
Registered manager	Rachael Claire Sharpe
Date of last inspection	12/02/2014

Inspection date	30/07/2014
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Previous inspection	inadequate progress
Enforcement action since last inspection	Ofsted carried out an unannounced interim inspection on 12 February 2014. We found three breaches of regulation in the service's safeguarding practice, behaviour management and promotion of children's welfare. We issued two compliance notices for Regulation 16- safeguarding and Regulation 17B- behaviour management. We carried out a monitoring visit after 6 weeks on 28/03/2014. At this visit, we found the provider had taken sufficient action to meet the compliance notices.

This inspection	
Overall effectiveness	adequate
Outcomes for children and young people	good
Quality of care	good
Keeping children and young people safe	adequate
Leadership and management	adequate

Overall effectiveness

Judgement outcome	adequate
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This service is improving and now provides a good quality of care, as well as good outcomes for children and young people. Safety and promotion of welfare is much improved. The service has strengths in the range of therapeutic and imaginative health inputs available to support children and young people's care and education. Staff communication skills are really good and relationships between trusted staff and children and young people are strong. Young people are increasingly involved in their care. The service uses creative technology, such as 'tablets', so children can

make contact with families and develop their skills. Transition planning is excellent. Staff are willing and enthusiastic about their job. Children and young people have fun, do well in education and benefit from good, autism-specific care planning.

Placing authorities and families generally view the care as good. Indeed, some parents and social workers have extremely positive comments about the enriched lives that children now lead because of the activities, care and educational opportunities. Some have suggestions for how the service could improve.

There are five regulatory shortfalls and some national minimum standard recommendations for improvement. These relate to the systems for formal reporting on the quality of care. Professional supervision of staff is still not good enough. Improvements to the environment are not yet sufficient. The Statement of Purpose is not accurate. Leaders and manager have plans for further development and are working with a confident capacity on a trajectory of improvement.

Full report

Information about this children's home

This setting is an independent residential special school registered as a children's home, operated by a private company. The school offers specialised education and care for up to 22 children with learning disabilities, including two children under short-break arrangements. The school has a specialism with children who are diagnosed with an autistic spectrum disorder and associated complex needs. Some young people stay until they have completed their education at 19. There are currently six children living at the home and two who use the service for short breaks. Six young adults live in the children's home.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
12/02/2014	Interim	inadequate progress
04/12/2013	Full	adequate
11/09/2013	Full	inadequate
25/07/2013	Full	inadequate

What does the children's home need to do to improve further?

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
4 (2001)	ensure matters to be included in the statement of purpose include: accurate description of the health care on offer; details of the qualifications and clinical supervision of the health care and therapeutic staff, and details of the experience and qualifications of staff working at the home, including staff commissioned to provide education	30/09/2014

	and healthcare (Regulation 4(1))	
27 (2001)	ensure that all persons employed by him receive appropriate training, supervision and appraisal. Specifically, ensure that health care professionals staff have clinical supervision, access continuing professional development and agency workers are supervised (Regulation 27(4) (a)(b))	30/09/2014
31 (2001)	ensure the physical design and layout of the premises are suitable for the purpose of achieving the aims and objectives set out in the home's Statement of Purpose. Specifically, improve the environment to meet the needs of children with autism and provide a positive sensory experience, particularly in respect of sound (Regulation 31 (1))	04/12/2014
33 (2001)	ensure the independent person appointed to visit and report on the conduct of the home, forms an opinion as to whether children accommodated at the children's home are effectively safeguarded and the conduct of the home promotes the wellbeing of children (Regulation 33)	30/09/2014
34 (2001)	ensure the system for monitoring the matters set out in Schedule 6 at least once in every 3 months, and improving the quality of care provided in the children's home, also provides for consultation with children accommodated in the home, their parents and placing authorities. (Regulation 34(3))	31/10/2014

Recommendations

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

- identify any trends and issues of concern through Regulation 34 systems, so that all those involved in running and working in the home can continually improve the quality of the care they are providing (Volume 5, statutory guidance, paragraph 3.14)
- remove avoidable hazards as is consistent with a domestic setting. This means remove or repair items that are broken and which may be hazardous. (NMS 1

Inspection judgements

Outcomes for children and young people **good**

Children stay in a safe environment, cared for by adults who understand their autism and their learning needs. Parents are positive about the quality of the relations with staff. One said: 'my child cannot speak but I know he likes the staff as when he sees them he always goes for a hug which he does to people he likes.'

They learn new skills; they follow plans to improve their self-help skills, try new experiences and new foods. They are healthy and benefit from a 24-hour curriculum that links school and home life. One parent said, 'I know I can phone anytime to talk about my child and I have done many times especially when he is unwell, the staff take the time to listen and try to help as much as they can, the medical staff will always help regarding my child's medical condition.'

Children's individual horizons are extended and they develop social skills and go out and about in the community. Their disability is not a barrier to their opportunities for activities. A parent said their child: 'gets to spend time with his friends, do things he would not normally do at home as they have more staff and facilities, he loves going out for rides and loves theme parks which the staff take him to, it gives him time and space to be a teenager without mom watching.'

Children and young people contribute to their care planning where possible. Staff involve children using their preferred communication styles to gather their views about how they should be looked after. Children benefit from a good education and get help to make the often difficult transitions to and from school by staff who are skilled in smoothing the often difficult daily transitions between the two worlds. A social worker commented that one child, 'is responsive and trust those who look after her.'

Some children live permanently at the home and others return for visits home to their families. They have intensive support to maintain their important relationships and families visit their children in residence. Care staff sometimes accompany children when they visit their home, so that families have a positive experience too. Staff also go on shared activities with parents and help on family trips. This input supports positive experiences. Children have friendly affectionate relationships with staff; one said the best thing about the service was his key worker.

Young people have excellent support to make the transition to their next home. Imaginative staff implement highly creative, autism-specific strategies involving favourite movie themes. These individually tailored plans reduce anxiety and increase understanding for young people about the steps to a new home.

Quality of care

good

The quality of care is based on sound relationships and positive interactions between children and staff. Children have extremely complex behaviour which is often challenging. A parent commented on the constructive approach to autism: 'Staff take into consideration my son's dislike of possessions being in his room and everything is put away when he has finished with whatever it is. They regularly take him for long walks, which is something he likes and they know how to reduce his anxiety when it occurs.' Staff work increasingly consistently to insightful behaviour support plans and are alert and responsive to children's moods so they can reduce stress and anxiety. Staff are specially trained in autism specific skills and have a good knowledge about children. 100% of placing authorities agreed that staff knew about children's needs.

Placement plans are good and involve placing authorities and parents as partners. Relationships with parents have not always been smooth, and some parents view care as inconsistent; but efforts are made in difficult circumstances. A recent skills-sharing parents' day was a success. Parents do say that communication with them has improved, through meetings, telephone calls and home-school books. One said, 'This is much appreciated.' The direct work delivered by staff in key working sessions reflects children's plans and are increasingly linked to placement objectives. Young people's individuality, cultural backgrounds and personal identity is recognised and celebrated in the positive care delivery. Parents have encouraged the service to promote their children's faith. Clear measureable outcomes are beginning to be seen in good quality monthly summaries and self-advocacy plans. Pictorial records are increasingly used to supplement the child's care records, this means records are increasingly meaningful for the child and family. These are excellent. A social worker commented positively that one young person had, 'made remarkable progress' and was, 'beginning to develop her sense of self.'

Children have good health care and are in good health. The service has a specialist therapies team, made up of nurses, psychologists, speech and language therapists and occupational therapists. There is an autism specialist within the company who visits and advises staff about their practice. The service employs its own consultant paediatrician who works with the local doctors' surgery to effectively manage any changes to children's medication. First aid and medication storage and administration arrangements are safe, so children get the care and treatment they need. There are new developments in the school's 'health hub' which aim to give children more active involvement in their own health. Dietary profiles are in the early stages: the service is working towards a picture of each child's food choices and consumption to ensure that a balanced diet across the arrangements in school and care are consistently healthy. Children's choice and involvement in menus, meal planning and preparation is an area for development and the service has plans for this.

There is improving practice in how the service gathers young people's views. Staff are actively using the skills they have been taught to interact using children's

different communication styles. Consequently, children's ability to make choices is better. Advocacy is good: children have independent advocates from their local authority but the service also employs an external consultant advocate to visit all children and report their findings. The service listens when children complain. While consultation has begun, the manager has yet to integrate these views into her review of the quality of care so it is not yet clear how the views of children have influenced the running of the home. Children have a good education and the school maintained good standards at an inspection last year. The aims for their education are shared in their home, so children have consistency across the day. The school headteacher expressed pleasure at one young person's, 'outstanding progress- he is surpassing expectations.'

Leisure opportunities are also good, on and off site. Full staffing and proper risk assessments now supports safe trips in the community. Photographs of children on activities, made into monthly summary booklets are an excellent and easy to access pictorial record of the individually-tailored, constructive, leisure opportunities on offer. Children can enjoy looking at them and parents can be confident their children are having a good time. Staff make sure that children have periods of calm and also periods of energetic and creative play and that children are involved in the choice of activity.

The service is still working to implement improvements in the children's home environment to make it less noisy and a more positive sensory environment for children who do not require a 'low arousal' atmosphere. The environment is safe, but also fairly stark: movement around the units and in the residential compound is controlled by high fencing, entry and exit switches, electronic sensor fobs and keys. The main children's home consists of four units, surrounded by areas of fenced gardens within a larger expanse of fields. There are three large ground floor 'low arousal' units for up to eight children. There are a few soft furnishings to reduce noise. Two units have no external windows from the living rooms, so children have no view to the outside, though there is natural light from ceiling windows. This is not ideal.

For children accessing short breaks there is one two-bedroomed, comfortably furnished first floor flat, with carpet and curtains. This provides a very different, very homely environment which children and young people use without difficulty. There is also a good range of sensory rooms in a separate block; these are used by all children in and out of school time.

Young people have better equipment for outdoor play so they will be able to burn off energy. Large outdoor play equipment is shortly to be delivered. Trikes and scooters have been purchased. Parents have differing views of the environment. One parent said: 'The grounds are spacious and our son's room is a generous size, with waterproof flooring and curved walls.' Another raised the point: 'Such a small home should be able to make itself feel less institutional.' Further improvements are planned.

Keeping children and young people safe adequate

Children appear safe, relaxed and happy. The large majority of parents think their children are safe. Previous areas of concern are now rectified. Staff at all levels are now trained in child protection and understand and fulfil their responsibilities. Practice for managing allegations about staff is improved. The local authority designated safeguarding officer reports a growing confidence in the way the service manages safeguarding issues and an increased rigor in the quality of internal investigation reports. There has been some good work in eliciting children's views using their preferred medium of communication, after allegations about staff, to ensure they are able to have a say .

Behaviour management strategies are now consistently applied. Restraint is used proportionately, records of this are better and systems to monitor this are now much improved. Children do not bully but do have dominant behaviour and the matching of children in different units takes account of age and compatibility. Children whose needs were incompatible with group living have now moved on. Staff are highly sensitive to children's moods and individual tolerance levels and know when they need to have space or close attention.

Staff recruitment is robust. Children have advocates and also good relationships with key workers they trust. No one goes missing, because security is high and children are extremely closely supervised. The environment is safe and secure, but there are parts of the home and its equipment that do not get identified for repair or replacement, despite routine checks. Health and safety arrangements are otherwise good.

Leadership and management adequate

The Registered Manager has been in post since November 2013. She has a level 4 qualification in working with children and in management. She is an experienced manager of services for children and adults with disabilities and autism. In March, the responsible individual fulfilled a condition of registration to give notice of their plans to recommence admission of children.

At inspection previously, Ofsted identified four regulatory breaches. These were to improve the environment, promote the welfare and safeguarding of children, train and supervise staff better and achieve permanent, consistent staffing. The service has taken action to meet two, but further improvements are required for two other regulatory shortfalls.

Ofsted has previously asked the provider to make changes to reduce the impact of noise and provide more individualised sensory environments for children. Some

changes have been made to artwork and photos of children and decorative panels have been fitted. Large outdoor play equipment is shortly to be delivered. Trikes and scooters have been purchased. Young people have better equipment for outdoor play so they will be able to burn off energy. Other work to reduce unnecessary sound disturbance and reduce some institutional features is planned, but not yet complete after seven months.

Staff supervision is still not good. There has been no supervision of agency staff and there is currently no clinical supervision for nursing staff. The Registered Manager has identified that rates of monthly supervision are not satisfactory. Staff without close professional direction do not benefit from guidance and support to deliver a consistently good standard of care. This has the potential to jeopardise the quality of children's experience.

Children's welfare and safety is better promoted because safeguarding practice now meets the national minimum and regulatory requirements to refer allegations to the safeguarding authority. Their welfare is improved because behaviour management is consistent and staff are more accountable for their actions when using physical intervention. Continuity of care for children is better sustained because fewer temporary staff are required to make up staff teams on shift. The home is on target to achieve full staffing shortly. Children are now more likely to be looked after by permanently employed, fully inducted and trained staff both day and night, and the rota makes this clear.

Training is generally improved. Safeguarding and complaints training means that staff are more likely to understand the difference between a complaint and an allegation that needs to be referred to the authorities. Recording about children's care, supervision, support and treatment is better.

The short-break service is meeting the needs of two children currently and day-care at weekends or holidays is developing. One parent said: 'The school is able to offer a very flexible service. We now have extra respite during the school holidays.' This 'wrap-around' service is tailored to children and their families' needs. However, the Statement of Purpose is not accurate. It describes 24-hour health care; this is not available. It does not describe the arrangements for supervision of health care staff, which are lacking. Children, staff and the placing authority may not be clear about the services and facilities it provides. The statement could be further improved by detail about how the service manages the care of vulnerable young adults alongside children in the units.

Staff turnover has been high at almost a third of the total complement over the past seven months. The issue of staff retention is an area for improvement. Staff recruitment has been successful and the home hopes to do without any agency staff very shortly. The provider is now recruiting to fill vacancies in the therapeutic team.

The service has done well to minimise the impact of staff turnover on the general

level of staff competency on shift. Children are cared for by staff who are well inducted and benefit from regular training workshops. This ensures staff are confident and competent when they start work. Nearly 50% of staff now hold the nationally recognised qualification in working with children. Plans are in place to increase skill staff in specific children's health conditions. Staffing levels ensure 1:1 care and allow for additional staff to support any challenges, activities or when staff cook or have housekeeping responsibilities at weekends and in holiday periods. Staff are energetic and enthusiastic. The team provides a healthy mix of gender, age, culture and ethnicity to provide a rich range of role models for children and young people. One parent said: 'My son cannot talk but it is very obvious to me that he likes the staff by the way he greets them when they come to collect him from his home visit.'

Further improvements are required to the internal and external systems of quality review. The registered person monitors the quality of care provided, and has begun to consult with children and young people, their families and placing authorities about their welfare as part of the cycle of review. Some staff are not confident that their views have helped to improve the service or that managers have listened. One placing authority told Ofsted they were unsure about consistency at the service, particularly in quality of staff and in behaviour management and only half of placing authorities who responded to Ofsted felt the provider had asked for their views about care and support. This is also an area for development. The service was asked to consider concerns raised by a parent and a member of staff: the investigations upheld some aspects and the manager has made changes as a result.

The stakeholder consultation process is not yet complete. The registered person's evaluation and response of stakeholder views is not yet reflected in the formal quarterly report sent to Ofsted, so the impact of their views on the development of the service is not clear. The Registered Manager has begun to identify patterns, for individual children and across the service, but is not yet evaluating or reporting on trends within the quality review report. External monthly reporting has omitted to report on two safeguarding referrals and so the visitors' opinion about whether children are effectively safeguarded is missing. This means the registered person may be unaware of the effectiveness of safeguarding arrangements at the home.

The service is working to rationalise and reduce duplication and confusion in its records, which cover four units and involve approximately sixty staff. Record quality continues to be a focus for improvement. However, this is not to the extent that it has been previously. Errors and insecure binding on records mean they have gone missing or been hard to track. Records are getting better. However, despite active lobbying, delay in receipt of statutory review minutes mean the home is not always able to embed the decisions reached at review into revised plans for care. Pictorial records are increasingly used and these are excellent.

Ofsted has had significant concerns about the service over 12 months; however, this is no longer the case. Children's welfare is now secure. The Registered Manager has

initiated some good proposals for staff development and also to ensure the home is better able to reflect children's progress and development. The leadership and management team has a grasp of the strengths and weaknesses of the service through the development plan and is increasingly able to identify weaknesses in the service and take independent action to improve.

What inspection judgements mean

Judgement	Description
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.

Information 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 framework of inspection for children's homes.