

#### Inspection report for children's home

**Unique reference number** SC405985

**Inspector** Joanna Heller

**Type of inspection** Full

**Provision subtype** Children's home

**Registered person** ERA Care Limited

**Registered person address** Unit G22 Allen House The Maltings, Station Road

Sawbridgeworth Hertfordshire CM21 9JX

**Responsible individual** Stephen Milton

**Registered manager** Wayne Ronald George Russell

**Date of last inspection** 18/03/2014

Inspection date	02/10/2014

Previous inspection	satisfactory progress
Enforcement action since last inspection	none

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

### **Overall effectiveness**

Judgement outcome	inadequate

Young people and their families say that some individual staff work hard to support them. They have built strong relationships with these particular staff members. However, this quality of support has not been threaded through the service, which has impacted on young people's experience of the home and their outcomes.

Young people are not effectively safeguarded because of shortfalls in admission processes, risk assessments, transport arrangements, staff training and in the management oversight of the home. Not all staff have received sufficient supervision and training to equip them to perform their role to the best of their ability. Staff lack knowledge of safeguarding protocols, which undermines their ability to effectively safeguard young people. This is of particular concern as staff regularly work alone.

Additionally, the inspection identified shortfalls in; maintenance, safe food storage, staff recruitment, staffing arrangements and the Statement of Purpose. The manager has failed to identify and make safe potential hazards in the home and shortfalls in fire prevention systems. These shortfalls have the potential to compromise young people's safety and well-being.

The management oversight of the home has not been sufficiently robust. As a result the quality of care provided has deteriorated and young people have been placed at potential risk.

## **Full report**

#### Information about this children's home

This children's home is a private provision which provides care and accommodation for up to three young people with emotional and behavioural difficulties aged between 11 and 17 years.

# **Recent inspection history**

Inspection date	Inspection type	Inspection judgement
18/03/2014	Interim	satisfactory progress
31/05/2013	Full	good
06/12/2012	Interim	good progress
05/07/2012	Full	good

# 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 that the children's home is at all times conducted in a manner which is consistent with its	12/11/2014
	statement of purpose (Regulation 4(6))	
5 (2001)	keep under review and, where appropriate, revise the statement of purpose and the children's guide; notify HMCI of any such revision within 28 days (Regulation 5 (b))	20/11/2014
11 (2001)	ensure that the children's home is conducted so as to promote and make proper provision for the safeguarding and welfare of children accommodated there. In particular; ensure that adequate pre admission information is sought to	20/10/2014

	enable the home to effectively safeguard and promote yp 's welfare (Regulation 11 (1)(a)) *	
13 (2001)	ensure that children accommodated in a children's home are provided with food which is properly prepared, wholesome and nutritious. In particular; ensure safe food storage arrangements (Regulation 13 (1)(a)(ii))	05/11/2014
16 (2001)	prepare and implement written a policy which sets out the procedure to be followed in the event of any allegation of abuse or neglect. In particular; ensure persons working at the home are aware of how to act following an allegation (Regulation 16 (1) (b))	05/11/2014
18 (2001)	ensure the routine of the home is organised so as to further children's participation in education, including regular attendance at school and participation in school activities of children of compulsory school age and that effective links are maintained with any schools or colleges attended by children accommodated in the home (Regulation 18 (1) (b)&(c))	12/11/2014
23 (2001)	ensure all parts of the home to which children have access are so far as reasonably practicable free from hazards to their health or safety. In particular; ensure any long cords are secured in the absence of a suitable risk assessment (Regulation 23 (a))	05/11/2014
25 (2001)	ensure that the employment of any persons on a temporary basis at the children's home will not prevent children from receiving such continuity of care as is reasonable to meet their needs (Regulation 25 (2))	12/11/2014
25 (2001)	ensure that, having regard to the need to promote the health and welfare of the children there are a sufficient number of suitable persons working at the home. In particular; ensure staff of the same gender who are able to effectively communicate with young people in times of distress are available (Regulation 25 (1)(b)) *	12/11/2014
26 (2001)	not employ a person to work at the children's home unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 2. In particular; ensure the applicants medical fitness and obtain a full employment history, together with a satisfactory written explanation of any gaps in employment (Regulation 26 (3)(c) &(d))	12/11/2014

27 (2001)	ensure the registered person shall ensure that all persons employed by him receive appropriate training, supervision and appraisal (Regulation 27 (4)(a))	12/11/2014
28 (2001)	maintain in respect of each child who is accommodated in a children's home a record in permanent form which includes the information, documents and records specified in Schedule 3 relating to that child. In particular; a copy of any plan for the care of the child prepared by his placing authority, and of the placement plan (Regulation 28 (1)(a))	12/11/2014
31 (2001)	ensure that all parts of the children's home used by children are; secure from unauthorised access; kept in good structural repair externally and internally; kept clean and reasonably decorated and maintained (Regulation 31 (2) (b),(d)&(e))	05/11/2014
32 (2001)	ensure that the requirements of the Regulatory Reform (Fire Safety) Order 2005 and any regulations made under it, except for article 23 (duties of employees), are complied with in respect of the home. In particular; take adequate precautions against the risk of fire, ensuring fire doors are well maintained and are kept closed (Regulation 32 (1A))	05/11/2014
34 (2001)	establish and maintain a system for improving the quality of care provided in the children's home. The system referred to shall provide for consultation with children accommodated in the home, their parents and placing authorities. (Regulation 34 (1) (b)&(3))	31/12/2014

<sup>\*</sup>These requirements are subject to a compliance notice

## Recommendations

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

- work effectively in partnership with other agencies concerned with child protection. In particular the designated responsible person for safeguarding to undertake relevant training to enhance their awareness and skills. (NMS 4.7)
- ensure there is a written record of all medication given. In particular; ensure medication policies and practices in the home are in accordance with the National Institute for Health and Clinical Excellence best practice

guidance (NMS 6.15)

- ensure children's physical development needs are promoted. In particular; effectively promote the attendance at preventative healthcare appointments (NMS 6.1)
- where the home for financial, staff or other reasons cannot adequately and consistently maintain provision which complies with Regulations or National Minimum Standards, an effective plan must be established and implemented to rectify the situation (NMS 15.3)
- ensure that there is a system in place to monitor the quality and adequacy of record keeping and take action when needed. (NMS 22.1)

## **Inspection judgements**

#### **Outcomes for children and young people** inadequate

Young people feel safe most of the time. However, shortfalls in the service mean that young people are not always effectively safeguarded from potential harm.

Young people are making some progress in their lives. Some young people are less challenging in their behaviour toward others and have reduced incidents of missing from care. Other young people continue to place themselves at significant risk.

Young people are healthy. Some young people, however, experience difficulty in accepting the purpose of some preventative healthcare appointments. This means that they have not attended all key health checks. Young people have not been able to make sustained attachments with staff, which undermines their ability to develop their emotional resilience and well-being.

Some young people's school attendance has not been sufficiently regular and they have not utilised the additional school study arrangements available to them. As a result, some young people have not achieved as well as they might.

Young people are able to maintain contact with family and friends as they wish, within the parameters set by their placing authority. However, on occasion lack of planning within the home has meant that young people have not been able to visit the people who are important to them, as often as they would wish.

Young people are able to express their views on all aspects of their daily lives. They are developing good independence skills in preparation for adult life.

#### **Quality of care**

inadequate

Young people have mixed feelings about their experiences of living in the home, rating the home as 'okay'. They feel that some staff are concerned with their welfare; with these staff young people develop positive bonds. Young people refer to particular staff who understand them and 'get inside their head'. These staff listen to them and are people who they can talk to. However, young people have not enjoyed such relationships with all staff. High levels of staff change have undermined consistency of approach and young people's ability to develop meaningful relationships. Young people know how to make a complaint and feel able to do so.

Poor assessment and admission systems place young people at potential risk of harm. For example, senior managers within the organisation, without consultation with the Registered Manager approved a placement. There was extremely limited

information available and no evidence of attempting to secure appropriate information. Consequently, staff were unaware of key information about risk and appropriate safeguards required. As a result, the home was unable to keep the young person safe and they were placed at risk.

Sanctions when used have been appropriate and proportionate. Physical intervention is used rarely. Staff are clear on the threshold for its use; where young people are presenting a risk to themselves or others. Staff encourage young people's positive behaviour through regular praise and reward. Young people know the behavioural expectations and rules, and say staff talk to them about their behaviour. Staff have been successful in effecting change for some young people. One young person said 'staff help me manage my anger better'.

Young people are able to maintain contact with their families in accordance with their wishes subject to any limitation or guidance set by the placing authority. In practice financial limitations within the home have on occasion meant that young people were unable to visit their family as desired.

Staff discuss key issues, such as, smoking and drug use with young people, promoting healthier lifestyles. However, despite this support some young people continue to make poor health choices, such as continuing to smoke. Young people visit the doctor when they feel unwell. However, young people do not make use of preventative healthcare checks and there is little evidence of effective staff promotion of these.

Medication is stored securely in a locked area. The manager has not reviewed the medication policy to ensure it is in line with best practice guidelines issued by the National Institute for Health and Care Excellence. For example, no clear guidance is in place for the provision of over the counter medication, which includes details of medicines approved for use by each young person.

Food of sufficient quality is not always provided; food is not stored in a manner that protects young people. For example, uncovered raw bacon was stored next to cheese. Uncovered raw meat was stored with no information as to when it had been placed in the refrigerator, or was to be used by. Both these items presented a cross contamination risk. A selection of vegetables stored in the refrigerator had passed their expiry date by over a week. Bread rolls with a use by date of some two weeks before the inspection and covered in mould, were left out for consumption. Food hygiene arrangements are extremely poor and place young people at significant risk of potential harm from foodborne disease.

Young people have made some progress in their education improving their attendance rate. However, some young people do not feel that staff give them sufficient support to facilitate them achieving their potential. Feedback from young people's schools highlights whilst there was a growth in attendance, this remained significantly below that expected. Young people did not attend the study clubs on

offer. Schools comment on poor communication, which meant that the school was not always aware of any reasons for lack of attendance or lateness. On one occasion poor communication between staff meant that details of a scheduled meeting with the school were not handed over to the staff coming on duty. Young people's enthusiasm for learning is not being sufficiently positively directed; therefore educational opportunities are being lost.

The building provides young people with suitably spacious accommodation. Young people have been involved in choosing the decor of the recently decorated lounge which enhances their living accommodation. However, sufficient equipment of a suitable standard is not provided. There are insufficient cups and a broken wooden tea caddy has been taped back together. Broken blinds were noted in one bathroom and one bedroom, damage to the walls in the hallway have not been fully repaired, door latches were not working on two doors and one bathroom ceiling was stained. Furthermore, a number of health and safety shortfalls exist. The standard of accommodation has the potential to undermine young people's perception of being valued, impacting on their behaviour and feelings towards the home.

### **Keeping children and young people safe** inadequate

Significant shortfalls identified during this inspection have the potential to place young people at risk.

Poor assessment and admissions processes mean that staff are not effectively aware of the potential risk that young people pose. Staff have not always been aware of the levels of concern and risk in respect of young people going missing, high levels of risk of self-harm, or potential child exploitation. This means that effective mechanisms to reduce such risks have not been put in place.

Staff are provided with on line safeguarding training. However, this has not effectively equipped them with sufficient knowledge of how to act to robustly to safeguard young people. The response to a safeguarding scenario presented to staff during the inspection, failed to demonstrate that the young person would be suitably protected. The failure to ensure that staff are suitably guided and trained in relation to safeguarding undermines potential safeguarding investigations and has the potential to place young people at risk.

Some young people have made good progress in their missing from care patterns and now rarely go missing. Other young people continue to place themselves at risk, going missing for significant lengths of time. Staff attempt to follow young people and find them. Staff notify the appropriate agencies in line with local guidelines when incidents of missing occur. Staff work in partnership with local agencies to safeguard young people who go missing.

The home does not have robust arrangements in place to manage emergency

situations to ensure young people are effectively safeguarded. Staff on one occasion failed to ensure suitable arrangements were in place for the safe return of a young person to the home. On this occasion, staff on duty were unable to collect a young person from friends some distance away from the home. No suitable alternative arrangements to return to the home were made and the young person was expected to transport them self at night, to a place of safety without any money.

A lack of robust safe recruitment checks means that young people are not effectively safeguarded from the potential of unsuitable people working in the home. No staff are employed until checks on their identity and any potential criminal history whilst resident in the United Kingdom, are undertaken. However, the Responsible Individual has not ensured that gaps in employment or the applicant's medical history have been adequately checked. This means there is potential for applicants to fail to mention periods of employment or ill health, which may indicate a lack of suitability to work with young people.

The home's premises are not sufficiently physically safe and appropriately secure for the young people and staff. Staff members left open main windows when leaving the building, providing potential unsupervised access to the home. Furthermore, long cords on blinds are not appropriately secured to prevent accidental or intentional harm. Fire precautionary arrangements in the home fail to ensure young people and staff are safeguarded from fire in line with current good practice. Fire doors are propped open throughout the building and some doors no longer close. In the event of a fire these important protection measures would fail to keep young people and staff safe.

#### **Leadership and management**

#### inadequate

The manager has been in post since May 2014. Between December 2013 and May 2014 there was no manager in post. This is the manager's first experience of managing a children's home, however, they have suitable experience of senior roles within residential children's homes. The manager holds a level four qualification in the management children's homes and is in the process of enrolling on level five.

The organisation has updated the Statement of Purpose within the past six months, however, has not submitted a copy of the updated document to Ofsted. This does not directly impact on the care of young people but it prevents Ofsted from having a current view of the home. There are shortfalls in staff knowledge and training, admission processes, safeguarding and finance, which has the potential to undermine young people's welfare. Furthermore, a lack of sufficient day-to-day resources for the operation of the home has impacted on areas such as young people's contact with their families and the provision of suitable domestic equipment within the home.

A core training program is in place for all staff, however, not all staff have completed this. Three members of staff have yet to complete food hygiene and medication training, and one member of staff has yet to complete first aid and child protection training. Only 57% of staff are trained to diploma level 3. Training provided has not been of sufficient quality to ensure all staff are sufficiently aware of their key safeguarding responsibilities, nor has it ensured staff understand and implement robust food hygiene arrangements. Lack of good quality training has the potential to affect staff professional awareness and potentially their competence.

The supervision policy within the home is that staff who are subject to probation are entitled to supervision every two weeks. However, one member of staff who commenced employment in February has received no supervisions in the past three months. A further member of staff has no recorded supervisions within the past year. Supervision arrangements within the home are therefore not sufficiently regular. Failure to ensure that staff receive regular and supportive supervision does not support managers to identify gaps in staff knowledge and areas for their professional development.

The balance and deployment of staff within the home does not meet the individual needs of all of the children resident in the home. Staff work twenty four hour shifts and the vast majority of staff employed within the home are male, yet during the last 18 months only female young people have been resident. This means that for significant periods young people have not enjoyed positive role models of the same gender. Furthermore, this may prevent some young people disclosing important, sensitive issues.

There has been a significant change in staffing within the past year, which has had an impact on continuity for young people. Some staff recruited in the home during the past year have English as a second language. Young people, their families and staff say the quality of communication is undermined. At times, this has proved a barrier to staff's ability to diffuse and manage complex stations where young people are angry or distressed. The employment of staff from a range of backgrounds promotes diversity within the service. However, where the fluency of language is not sufficient to communicate effectively in stressful situations, this has the potential to impact on the care and support provided to young people.

The manager does not maintain sufficiently accurate recording and reporting systems. Case files for young people do not always include all of the required information, such as, effective risk assessments and pathway plans. Records within the home are not always maintained clearly. Paginated centrally bound logs are carbon copied and pages have been removed, which impacts on effective and clear oversight of such records. The Registered Manager does not have sufficient autonomy within the home to fulfil his regulatory responsibilities and ensure high quality of care is provided. The manager has not always been consulted regarding admissions and he is not involved in the recruitment of staff for the home. The Registered Manager is therefore unable to judge potential staff's suitably for the particular environment in which they are to work.

The quality of care review does not identify the strengths and weaknesses within the service nor clearly identify how the service can improve. The views of young people and partner agencies are not utilised to fully understand the strengths and areas for growth within the service. Furthermore, young people first names are used in the report, which has the potential to undermine their confidentiality.

The Registered Manager and Responsible Individual have not maintained sufficient oversight of the home to identify and address shortfalls within the home. As a result the outcomes for young people are inadequate and their welfare is not effectively safeguarded.

# 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.

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