

Inspection report for children's home

Unique reference number	SC062079
Inspector	Liz Driver
Type of inspection	Full
Provision subtype	Residential special school (>295 days/year)

Registered manager	POST VACANT
Date of last inspection	06/02/2014

Inspection date	12/12/2014
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Previous inspection	good progress
Enforcement action since last inspection	none

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

Overall effectiveness

Judgement outcome	inadequate
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This aligned inspection examined the organisation's provision in respect of its children's home and separately registered school which all of the children and young people attend. Two separate reports are published in order to reflect these different types of provision.

The service is inadequate as there are serious shortfalls in safeguarding and leadership and management. These shortfalls relate to one incident of poor quality of complaint investigation reporting and a lack of knowledge of multi-agency working in relation to safeguarding referral procedures. The service has also failed, in one incident to provide for proper supervision of a child that has resulted in an incident of neglect. In addition leaders and managers have failed to notify the regulator of an incident they have a duty to report on, and the system in place for staff supervision failed in one scenario where it was insufficiently applied. One incident of poor stock control of medication has resulted in newer and safer systems being introduced, however they have yet to fully embed. Despite efforts by the proposed registered manager to gain all necessary checks to submit an application to register, the home has been without a Registered Manager for more than 26 weeks.

The children's home provides adequate quality care which takes account of

children's complex medical and care needs. Individually tailored care plans reflect the unique traits of each child. Their needs arising from their health, medical conditions and communication difficulties are all considered. Children routinely receive the support they need from a variety of relevant specialist services located on site.

Outcomes for children across their care, therapy and educational needs are good.

Children present as being happy and content and make good progress across many areas such as communication and accessing and enjoying activities. They also make good progress with their health and mobility needs as a result of specialist therapy and rehabilitation provision. Although communication with children and young people is complex, it is clear they enjoy the time spent in the company of staff and engaging in activities. Staff are clearly focused on ensuring children and young people are happy.

There are systems in place for leaders and managers to tackle weaknesses and secure improvements. However, despite poor performance being robustly addressed this was not included in the initial investigation report. This is not representative of the overall service processes.

Requirements are set to improve; the reporting of serious concerns and incidents to relevant safeguarding agencies and the regulator, Ofsted. To improve the effectiveness of staff supervision so all concerns raised are acted on and ensure systems enable staff to know the whereabouts of children at all times, so their welfare and safety is promoted. In addition the service needs to ensure there is strict application of the service's policies for protection of children, and for improving the quality of recording of complaint investigations; as a result of two incidents. A requirement has been set to ensure the new medication system recently put in place is fully embedded and effective.

Full report

Information about this children's home

This home forms part of the services provided by The Children's Trust. The Children's Trust provides holistic services for children with multiple disabilities and complex health needs including those with acquired brain injury who require rehabilitation.

The school provides 52-week placements for learners and is therefore registered as a children's home. This is in addition to being registered with the Department for Education as a non-maintained school for children with profound and multiple learning difficulties with an age range between five to 25 years.

The school has 44 educational placements. The registered children's home accommodates 33 learners, in single or twin bedrooms. The residential accommodation comprises three separate houses. At the time of this inspection there were 33 residential learners.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
06/02/2014	Interim	good progress
23/10/2013	Full	outstanding
07/03/2013	Interim	good progress
16/11/2012	Full	outstanding

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
24	ensure that a written record is made of any	16/01/2015

(2001)	complaint, the action taken in response, and the outcome of the investigation (Regulation 24 (5))	
16 (2001)	implement a written policy that shall provide in particular for liaison and co-operation with any local authority which is, or may be, making child protection enquiries in relation to any child accommodated in the children's home (Regulation 16 (1) (a))	16/01/2015
16 (2001)	prepare and implement a written policy which shall in particular provide for the prompt referral to the local authority in whose area the children's home is situated of any allegation of abuse or neglect affecting any child accommodated in the children's home (Regulation 16 (1) (b))	16/01/2015
11 (2001)	ensure that the children's home is conducted so as to promote and make proper provision for the safeguarding and welfare of the children accommodated there (Regulation 11 (1) (a))	16/01/2015
11 (2001)	ensure that the children's home is conducted so as to make proper provision for the supervision of children accommodated there (Regulation 11 (1) (b))	16/01/2015
27 (2001)	ensure that all person's employed by him receive appropriate supervision (Regulation 27 (4) (a))	16/01/2015
30 (2001)	ensure that if any of the events listed in column 1 of the table in schedule 5 takes place, the registered person shall without delay notify the person's indicated in respect of column 2 of the table (Regulation 30 (1))	16/01/2015
21 (2001)	make suitable arrangements for the recording, handling, safekeeping, safe administration and disposal of any medicines received into the children's home. (Regulation 21 (1)).	16/01/2015

Inspection judgements

Outcomes for children and young people **good**

The impact the setting has in supporting outcomes is hugely significant with the provision of research based practices, and medical interventions delivering highly specialist care. Children make very good progress in areas such as their mobility, accessing and enjoying activities and exceeding life expectancy. Children have access to health and medical intervention, including therapists, who are trained and experienced in the care and rehabilitation of congenital or acquired brain injuries. This ensures children make the best possible progress they can.

Children access the on-site education provision and participate in and enjoy a range of learning and social activities. School nurses and therapists, who work alongside teachers in the classrooms support children to maintain their time in the school. This specialist input aids mobility and communication and allows children to fully participate in the learning environment. Children enjoy learning opportunities in the residential units, outside of school time' such as 'master chef' cooking sessions run by therapists. Children respond well to these sensory experiences.

Staff do not allow children's disabilities to hinder them from embracing the many experiences and activities provided. Children are not able to self-engage and rely on the staff to facilitate their involvement in activities. Parents comment positively on the wide range of activities offered and the staff's knowledge of children's preferences. Activities children enjoy include theatre visits, sailing, pony and trap rides, bowling, cinema, swimming in the onsite hydro-therapy pool and going on holidays. This ensures children are able to participate in and contribute to the wider community.

Planning for transition to adult provision is complex due to the profound nature of the children's disabilities. Multi professional meetings ensure families and, where possible children, have a very active input into the decision making process.

Children benefit from family involvement where possible. Families are positively encouraged to be fully involved in the total care package in place for their children. Feedback from parents and carers support the excellent levels of communication between families and the residential setting.

Children have easy access to a wealth of health-related professionals including specialist on-site doctors. The high level and complexity of care and support systems in place are a necessity for the children so they can achieve and enjoy.

Quality of care

adequate

Generally systems for the supervision of children are good, however on one occasion staff failed to follow procedures of sharing information with colleagues regarding the whereabouts of children. This led to a child being left unattended for an unacceptable period of time and subsequently neglected. The manager took immediate action by introducing additional checking and recording systems so no child can be left unattended or forgotten about.

Systems for the administration of medication have not been consistently applied. The inspector found that stock control systems on one unit did not provide for easy access to the medication at the required time. The manager has been robust in putting enhanced systems in place that will provide for safer stock controls practices. Further changes will commence in 2015 when a dedicated pharmacist and stock control technician from the local NHS hospital will be employed to manage this area of work. While the shortfall had the potential to significantly impact upon children this shows the service has taken the incident seriously. Robust and prompt action was taken to ensure children receive safer medication administration. These new systems have yet to be embedded.

Children use specialist communication methods that are unique to each of them. This ensures their complex communication difficulties are met and they are able to be understood by staff and others with whom they come into contact with. Communication passports and the 'follow me' files, that accompany children at all times enable staff to understand how they communicate and how to care for their individual health needs. In addition, they include information of children's medication needs, any emergency protocols and family contact details, should they be required. Children enjoy excellent relationships with staff, and their body language and smiles show they enjoy the time spent with them. Children receive good quality health interventions such as specialist feeding regimes from staff that are caring, sensitive and professional in their approach.

Children can struggle to make a complaint directly. Consequently they rely on adults who provide care, and their families to speak on their behalf. Staff are able identify when children are unwell, angry, feel uncomfortable or are anxious. A local advocacy service, suitable to the needs of the children visit regularly. The advocates are experienced in the many different communication methods used and are therefore able to successfully communicate with the children. In addition they get to know the children well and can identify changes in demeanour that might indicate if they are unhappy or distressed. The deep understanding staff have of individual's character, personality and frustrations enable staff to respond quickly to meet the needs of the children in their care.

Children receive excellent dietary provision as a result of the multi-professional input, including the speech and language team and dieticians, who develop and support staff to deliver individual eating and drinking regimes. Staff practice is highly organised and professional. In addition each residential unit has a food champion who is able to report back any issues relating to food on behalf of the children.

Children have access to expert medical provision with specialist doctors and a consultant who have expertise in the area of neuro-disability. They provide cover during the week, with a local general practitioner, who knows the service well covering at weekends. This ensures children receive consistency of care and have quick access to medical professionals at all times.

Children enjoy a rich and varied quality of life, supported through protection against any form of discrimination. Individual cultural background and personal identity is embraced with many cultural celebrations being positively expressed. Children, parents, carers and staff can access the multi-faith room located on the site.

Children live in houses that are suitable to their needs. They are well resourced, appropriate in design and maintained to a high standard. Accommodation includes communal and private space and well-equipped sensory rooms. All communal areas are decorated and furnished to a high standard with a range of pictures, photographs, ornaments and art work displayed. The different areas provide for either a calming or a stimulating environment for the children.

Keeping children and young people safe inadequate

Safeguarding is inadequate as staff failed to protect the welfare and safety of a child as a result of poor supervision. Systems in place to supervise and to know the whereabouts of children at all times failed leading to no one taking direct responsibility for a particular child for a period of time. This serious oversight had the potential for serious implications for the health, care and support for the child.

Leaders and managers were late to implement an effective multi-agency approach in referring or notifying serious concerns raised about a visiting professional to the responsible external safeguarding agency or to Ofsted. Immediate action was taken to ensure the safety of children; however this shows a failure in safeguarding practice and procedures to ensure that all agencies work together.

These identified shortfalls significantly impact upon this judgement and the overall effectiveness judgement. Strengths in other aspects of safeguarding practice were noted as part of this inspection. Children rely on staff to recognise when they are unhappy or not feeling safe. Staff receive child protection and safeguarding training and are supported by on-site qualified and experienced social workers to ensure they are kept up to date with changing legislation. Safeguarding procedures are supported by policies that have been shared with external agencies to ensure they incorporate local procedures. The local authority designated officer (LADO) describes a generally positive and transparent working relationship. Parents say their children are safe and feel safe at the setting and they have confidence in staff keeping their children safe.

Children do not bully intentionally and any aggressive behaviour that may occur is

usually a result of individual disabilities and frustration rather than any malicious or calculated intent. In any event staff are alert to such conduct and deal with behaviours promptly.

Children have very limited mobility and their inclination and likelihood to be absent without authority is extremely low. Consequently there are no issues of children absenting themselves or going missing in this way.

Children's behaviour is managed by positive reinforcement, encouragement and praise. This is given verbally or by pictorial and signing methods, according to individual communication methods. Sanctions are not used as they are inappropriate. The profound disabilities of children mean that they would not make necessary links with their actions or behaviours. There is a clinical holding policy in place. Procedures clearly outline the use of age-appropriate techniques, including splinting and wrapping. These are used if required, for specific medical interventions and are effectively implemented to ensure the safety of children.

The routine conducting of health and safety checks provides safeguards in terms of the premises and physical environment. Recent events relating to concerns about the visiting professional have led to the service employing an external security firm to take appropriate, yet discreet, action that provides enhanced protection for children and staff. The setting delivers the highest quality of health and safety procedures with audits and monitoring fully implemented across the site. Children are cared for by staff that know what to do if there is a fire and are fully informed of individual fire evacuation plans. Excellent hygiene standards, including hand washing protocols, provide a healthy environment for children to receive care.

The service's recruitment procedures are highly organised, robust and serve to protect children. Recruitment checks ensure only carefully vetted and selected adults are deemed suitable to work with the children, including volunteers. Effective systems are in place where visitors are closely and suitably supervised at all times, further enhancing children's safety.

Leadership and management

inadequate

The leadership and management are inadequate as the service has been without a Registered Manager since May 2014. However, the manager has recently submitted an application to register despite the numerous difficulties she encountered in gaining all necessary information, external to the service. The service kept Ofsted up to date with the difficulties in relation to this application.

Leaders and managers learn from complaint investigations and improve the quality of service provided to children as a result. Poor initial report writing, for one investigation led to gaps in detailing the full extent of a complaint investigation and failed to include details of all findings. The manager was able to assure the inspector

that areas missing from a specific report were quickly acted on even though they were not fully reported on. This included reviewing supervision practices of staff following a significant failing that put a child at potential risk. In addition the complaint investigation, not concluded at the time of inspection had been escalated to ensure all relevant actions were included.

Notification practice is poor. Leaders and managers failed to notify Ofsted when they became aware of a serious complaint about a person working with children in the home and within the wider organisation. This prevents Ofsted, as the regulatory body, being able to monitor the service effectively and take appropriate action when necessary. The service is transparent and subsequent notifications have been submitted in a timely manner.

Significant changes in the leadership and management team since the last inspection has resulted in a more open culture and improved systems in identifying and reporting incidents, risks and concerns. Staff confirm the positive changes, especially the change in culture and are working to ensure new systems are embedded. This demonstrates the service's commitment in promoting a duty of candour. The service has an ambitious development plan that it continues to implement. Its plans for the future care of children with congenital or acquired brain injury are openly highlighted in this document. There is clear investment in the fabric and building of the service and across the whole site.

Staffing levels are continually monitored to ensure the changing needs of children are met. Additionally, more qualified nurses are being recruited to meet the increasingly complex health needs of children. Specialist training enables staff to meet the complex, health requirements of those children with acquired brain injuries. Staff undertake induction training followed by a programme of further training, including a level 3 Diploma qualification. As a result they are well informed of the service's procedures and are kept up to date with changing practices. Generally, staff supervision is good; however recent poor supervision practices resulted in concerns about individual performance not being acted on. This has the potential to perpetuate poor, inappropriate or unsafe practice.

Leaders and managers ensure that information is made available for parents and professionals. This includes the use of an informative website. Children's disabilities are such that a formal children's guide is not appropriate. However, there is a guide, in pictorial format that provides brief information. The material provided to placing authorities ensures children are correctly placed and that their care needs can be met. Children receive regular reviews with regards to their education, care and therapy. Placing social workers say the communication with the residential unit staff is good.

Monitoring of practice is carried out very regularly, including a variety of audits carried out across the Trust by different departments. Action is taken to address areas identified. For example, medication competency testing for all newly appointed

staff, has been introduced at their interview stage. Training needs identified as a result of these tests are then put in place prior to commencement of work, enhancing the delivery of safer practices to the children. Procedures are in place to ensure that regular monthly visits to the service are undertaken by an external independent person. This augments the internal monitoring completed by leaders and managers which seek to identify ways in which the service can improve further. Visits and reports are completed in a timely manner. Reports are submitted to Ofsted and comment on practice and the quality of care.

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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