

Inspection report for children's home

Unique reference number	SC403789
Inspector	Christy Wannop
Type of inspection	Interim
Provision subtype	Children's home

Registered person	Cove Residential Care Services Limited
Registered person address	Cove Care Residential 16 Waterloo Road WOLVERHAMPTON WV1 4BL
Responsible individual	Lee Thomas Smith
Registered manager	Beverly Avril Gillian Cyrus
Date of last inspection	08/12/2014

Inspection date	30/03/2015
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Previous inspection	good
Enforcement action since last inspection	none

This inspection

This home was judged good at the last full inspection. At this interim inspection Ofsted judge that it has **declined in effectiveness**.

This home has previously established a history of good judgements since registration in 2010. However, there has been a sudden and serious dip in performance since the last inspection. There are significant shortfalls in how the registered person manages challenging behaviour. The staff team at all levels is depleted, and young people's violent behaviour towards staff has increased. Staff work long shifts, sometimes back to back and are under extreme pressure. Ofsted has requested a plan for improvement.

Ofsted was aware during this inspection that the appropriate authorities were investigating serious allegations of a child protection nature. Actions taken by the setting in response to the incident were considered alongside the other evidence available at the time of the inspection to inform the judgement.

The same three young people have continued to live at the home. They have made limited progress in the short period since last inspection. There have been concerns for child sexual exploitation while missing for one, and an increase in violent incidents for two others, who have become unmanageable. There have been no new admissions or departures since the last inspection. The placement of one young person is in crisis. Young people expressed negatives about their current situation, dislike of some staff, or not understanding why they were at the home. They also talked about some positive aspects of their relationships with some staff.

The management of behaviour is restrictive. Staff do not allow one young person in the main house, because of violence and risks to other children. They are isolated in a pleasant, but separate annexe: they say they feel disliked and resort to banging on windows for staff attention. The annexe provides an excellent opportunity for independence training, but this is not its current purpose.

Staff, working alone, restricted another young person's liberty by locking them within an area of the house when they could not safely manage their behaviour and were under attack. De-escalation is not effective. Staff cannot use restraint safely when they work alone. Young people attack staff and scuffles result in injury for both.

The Registered Manager does not properly monitor events in the home to ensure compliance with the regulations or the home's policies for behaviour management. Staff and the Registered Manager do not consider locking children behind doors as a measure of control or restraint and do not make a proper record of it. When they do restrain young people, they do not make a full record. For example, they omit the name of the staff using the restraint or other staff also present; it is not clear of the date the manager has signed off the incident and there is no comment the effectiveness and consequences of the measure. Restraint records breach confidentiality because staff ask each young person to sign the log book and this means they can read the previous entry about someone else.

The approach to restraint is not clear. The registered person uses two forms of physical intervention. One is accredited by a national children's organisation. The registered person described the other as used largely in mental health settings. There is no rationale in policy for the combination of these two systems of restraint. The Registered Manager and the deputy monitor incidents of restraint and the records, but did not know whether staff are trained in one or both systems, or what some techniques and holds are. There is no manual, policy, or procedure in the house to refresh staff or managers' skills or guidance for staff about how or when to use the two different forms of restraint.

The home's staffing arrangements do not protect young people. The Registered Manager is less frequently at the house and there is a new deputy post. There has been a turnover of more experienced staff. The service is now reliant on agency staff to provide leadership on shift because there are no permanent senior residential care workers. The overall competence and employment of staff, both as a staff group and on individual shifts cannot fulfil the home's Statement of Purpose and meet the individual needs of all young people resident in the home. Staff members placed in charge of the home and as leaders of shifts have not successfully completed their induction and probationary periods. Permanent staff are willing and enthusiastic, but inexperienced. The provider reports a new staffing structure and has begun to recruit additional staff.

The Statement of Purpose is out of date and does not make clear the services and facilities the home provides. It does not accurately reflect the current staffing structure or current experience and qualifications of staff working at the home. It states that they employ a person as a psychiatrist, who is not a psychiatrist. It does not provide details of the clinical supervision of the staff involved in providing therapy or how the children's home measures the effectiveness of its approach, including CBT, NLP, dialectical behavioural therapy, existential psychotherapy, and

play therapy.

There is routine use of bedroom door alarms, but young people's individual risk management plans do not identify the risk the device is meant to avoid. Policy and plans do not give an individual rationale, beyond keeping everyone safe in a generic sense. Use of alarms are a routine part of the staff's night time care management, regardless of individual need and the Registered Manager does not review effectiveness or necessity.

Young people's records are not up to date or accurate. Records of measures of control are unreliable. Incident and weekly progress reports about a serious event give conflicting or inadequate information about times and events. These records do not show that the Registered Manager has reviewed the incident, taken a view of it, spoken to the person using the measure, or the child. Some records show the Registered Manager's digital signature that predates the actual incident. Spreadsheet records of risk assessments are on the manager's laptop and cannot be printed off, so staff cannot usefully access or implement them.

Records of direct work are minimal and young people's records are over complex, clinical and inaccessible to them. Young people say they do not have a key worker or have key working sessions, yet there are records named as such. These records do not describe any actual key working sessions or direct work. Young people do not feel their views are represented. One said staff, 'should listen and take action, not just let it blow over their heads.'

The registered person completes a review of the quality of care but has not sent a copy to HMCI. The registered person has not taken effective action in response to both previous minimum standard shortfalls. Although the home is now cleaner and the annexe has better décor, records are worse than previously and now breach regulation. A range of monitoring systems has not been effective in identifying areas where the service had not met regulation or those areas of greatest risk. Managers have not been able to take effective action to reduce the impact of the staffing weakness on the care for young people as their needs escalate. Their care recently has not been safe or skilled.

There are positives: the Registered Manager reports good partnership working with placing authorities. Social workers can attend regular weekly clinical review meetings with the staff and therapists to coordinate the progress with young people. Young people get a good offer of independent therapy if they wish to take this up. They have one-to-one staff on each shift. They say they like, 'some staff -they treat me well, make sure I'm safe.' The building is a good size and bedrooms are spacious. One placing social worker spoke very positively about the efforts made by staff who have balanced the freedoms and potential risks, and, 'worked hard' for one young person; back in education every day; engaging with some low level therapeutic work and talking about things, a very different picture prior to moving here.

Information about this children's home

This children's home is registered to provide specialist care and accommodation for up to 4 young people with mental disorder and emotional and behavioural difficulties. It is operated by a private provider.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
08/12/2014	Full	good
11/02/2014	Interim	good progress
22/10/2013	Full	good
24/01/2013	Interim	good progress

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)	compile in relation to the children's home a written statement which shall consist of a statement as to the matters listed in Schedule 1. Specifically, give accurate information about therapy, staffing structure and details of the qualifications and experience of staff working at the children's home (Regulation 4 (Schedule 1 (19) (20) (21)))	30/04/2015
11 (2001)	promote and make proper provision for the safeguarding and welfare of children accommodated there. Ensure that the liberty of a child is not restricted by locking doors for reasons of behaviour management (Regulation 11 (1) (a))	30/04/2015
11 (2001)	ensure the home is conducted in a manner which respects the privacy and dignity of children accommodated there. Specifically, do not share	30/04/2015

	children's confidential information with their peers (Regulation 11(2) (a))	
11 (2001)	make proper provision for the care, education, supervision, support, and, where appropriate treatment of children accommodated there. Specifically, do not exclude young people from the ordinary living areas of the children's home and avoid their excessive isolation (Regulation 11((1)(b))	30/04/2015
17B (2001)	ensure within 24 hours of the use of any measure of control, restraint or discipline in a children's home, a written record which shall include all elements of this regulation (Regulation 17B (3))	30/04/2015
17B (2001)	prepare and implement a written policy which sets out- the measures of control, restraint and discipline which may be used in the children's home. Specifically, make clear in policy how staff should use each of the two different schemes (Regulation 17B (1) (a))	30/04/2015
22 (2001)	ensure use of surveillance is no more restrictive than necessary, having regard to the child's need for privacy (Regulation 22(1)(d))	30/04/2015
25 (2001)	ensure that there is at all times, having regard to the need to safeguard and promote the health and welfare of the children accommodated in the home, a sufficient number of suitably qualified, competent and experienced persons working at the children's home (Regulation 25 (1) (b))	30/04/2015
28 (2001)	maintain in respect of each child who is accommodated, a record in a permanent form which includes the information, documents and records specified in Schedule 3, kept up to date and signed and dated by the author of each written entry (Regulation 28 (Schedule 3 (13))	30/04/2015
34 (2001)	supply to HMCI a report of any review of the quality of care conducted by him. (Regulation 34 (2))	30/04/2015

Recommendations

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

- ensure information is recorded clearly and in way which will be helpful to the child when they access their files now or in the future, to contribute to an understanding of the child's life. (NMS 22)

What inspection judgements mean

At the interim inspections we make a judgement on whether the home has improved in effectiveness, sustained effectiveness, or declined in effectiveness since the previous full inspection. This is in line with the *Inspection of children's homes: framework for inspection*.

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.