

Children's homes inspection – Full

Inspection date	9 May 2016
Unique reference number	1183621
Type of inspection	Full
Provision subtype	Children's home
Registered manager	Wayne Russell
Inspector	Joanna Heller

Inspection date	9 May 2016
Previous inspection judgement	N/A
Enforcement action since last inspection	None
This inspection	
The overall experiences and progress of children and young people living in the home are	Inadequate
There are serious and/or widespread failures that mean children and young people are not protected or their welfare is not promoted or safeguarded.	
How well children and young people are helped and protected	Inadequate
The impact and effectiveness of leaders and managers	Inadequate

1183621

Summary of findings

The children's home provision is inadequate because:

- Medication arrangements in the home require significant improvement in order to ensure that children's medical needs are met and their well-being effectively safeguarded.
- Suitable arrangements are not in place to effectively guide staff in the management of epilepsy or how to respond to seizures.
- The setting does not provide a safe, homely, welcoming environment for children. This is due to poor maintenance and health and safety arrangements.
- Suitable arrangements are not in place for the training and instruction of staff in relation to fire procedures.
- Risk assessments in relation to the children going missing, the location of the setting and fire safety fail to identify and reflect the particular vulnerabilities of children placed or local environmental risks.
- Staff vetting procedures are not sufficiently robust to ensure that children are fully safeguarded from unsuitable people gaining employment within the home.
- Poor arrangements for the induction and training of staff have the potential to significantly impact on staff's ability to respond to both the day-to-day needs of children and emergency situations.
- Exceptionally high turnover of staff and poor staffing arrangements have significantly impacted on the ability of the home to deliver good quality, competent and consistent care for children.
- Record management is poor in respect of case files, complaints, significant incidents and restraint.
- Poor leadership and overview of the service, with an inability to effectively identify and address areas of concerns, potentially places children at risk.
- Staff smoke in view of children, which does not provide good role modelling or help children to understand the dangers of smoking.

The children's home strengths

- The children enjoy their time with staff with whom they have been able to develop bonds.
- The children are making some progress, lead healthier lifestyles and enjoy activities within the community.
- The children have fun and enjoy new experiences, such as owning a pet and going on their first holiday.
- The children's views are listened to and when they raise concerns these are responded to.
- Children and their families, although raising some concerns, continue to say this is a good home.
- The home demonstrates a strong commitment to children's learning and development.

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

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 (England) Regulations 2015 and the 'Guide to the children's homes regulations including the quality standards'. The registered person(s) must comply with the given timescales.

Requirement	Due date
<p>12: The protection of children standard</p> <p>In order to meet the protection of children standard with particular reference to health and safety, the registered person must ensure—</p> <p>(2)(d) that the premises used for the purposes of the home are designed, furnished and maintained so as to protect each child from avoidable hazards to the child's health.</p> <p>In particular, ensure safe pathways, remove all rubbish, ensure that carpets are in good condition and ensure suitable secure storage for household tools.</p>	13 June 2016
<p>12: The protection of children standard</p> <p>In order to meet the protection of children standard the registered person must ensure that children are protected from harm and enabled to keep themselves safe and ensure—</p> <p>(2)(a) that staff—</p> <p>(i) assess whether each child is at risk of harm, taking into account information in the child's relevant plans, and, if necessary, make arrangements to reduce the risk of any harm to the child.</p> <p>In particular, ensure that individual going missing from home risk assessments identify the actions that staff should take and the particular vulnerabilities of each child.</p>	13 June 2016
<p>13. The leadership and management standard</p> <p>In order to meet the leadership and management standard the registered person must—</p> <p>(2)(a) lead and manage the home in a way that is consistent with the approach and ethos, and delivers the outcomes, set out in the home's statement of purpose;</p>	*24 June 2016

<p>(c) ensure that staff have the experience, qualifications and skills to meet the needs of each child;</p> <p>(d) ensure that the home has sufficient staff to provide care for each child;</p> <p>(e) ensure that the home's workforce provides continuity of care to each child;</p> <p>(f) understand the impact that the quality of care provided in the home is having on the progress and experiences of each child and use this understanding to inform the development of the quality of care provided in the home.</p>	
<p>10. The health and well-being standard</p> <p>In order to meet the health and well-being standard the registered person must ensure that—</p> <p>(1)(a) the health and well-being needs of children are met.</p> <p>In particular, ensure that suitable epilepsy management protocols and guidance are in place to support children who have epilepsy.</p>	13 June 2016
<p>6: The quality and purpose of care standard</p> <p>In order to meet the quality and purpose of care standard with particular reference to providing children with a comfortable, good-quality, homely living environment, the registered provider must—</p> <p>(2)(c) ensure that the premises used for the purposes of the home are designed and furnished so as to—</p> <p>(i) meet the child's needs; and</p> <p>(ii) enable each child to participate in the daily life of the home.</p>	24 June 2016
<p>The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children's home. In particular, ensure that records of medication are accurate, that the stock held correlates with the record of medication held and that clear instructions are in place for the administration of emergency remedies. Furthermore, ensure that staff only administer medication when they have received suitable training and their competency to do so has been assessed (Regulation 23 (1)).</p>	13 June 2016
<p>10. The health and well-being standard</p> <p>In order to meet the health and well-being standard with particular reference to staff refraining from smoking in view of</p>	13 June 2016

<p>children, the registered person must ensure —</p> <p>(2)(a) that staff help each child to—</p> <p>(iv) understand and develop skills to promote the child’s well-being.</p>	
<p>The registered person must ensure that the requirements of the Regulatory Reform (Fire Safety) Order 2005 and any regulations made under it are complied with in respect of the home. In particular, ensure that all staff who work in the home receive suitable instruction and ensure that the fire risk assessment is maintained under review to reflect changes within the home. Furthermore, develop an individual emergency evacuation plan for each child (Regulation 25 (2)(b)).</p>	13 June 2016
<p>The registered person must ensure that at all times, at least one person on duty at the home has a suitable first aid qualification (Regulation 31 (2)(a)).</p>	24 June 2016
<p>The registered person must only employ an individual to work at the children’s home if the individual is mentally and physically fit for the purposes of the work that the individual is to perform, and full and satisfactory information is available in relation to the individual in respect of each of the matters in Schedule 2. In particular, ensure that suitable references are obtained and verified, and so far as reasonably practicable verification of the reason why any childcare employment or position ended, identify and explore gaps in employment (Regulation 32 (3)(c)(d)).</p>	24 June 2016
<p>The registered person must ensure that all employees receive appropriate supervision and undertake appropriate continuing professional development. In particular, ensure that all staff receive suitable training in restraint, safeguarding, fire awareness, around child sexual exploitation, medication, epilepsy and first aid (Regulation 33 (4)(a)(b)).</p>	24 June 2016
<p>The registered person must ensure that within 24 hours of the use of a measure of control, discipline or restraint in relation to a child in a the home, a record is made and within 5 days of the use of the measure, the registered person or the authorised person adds to the record confirmation that they have spoken to the child about the measure. In particular, ensure that clear and accurate records are maintained of all physical restraints (Regulation 35 (3)(c)).</p>	13 June 2016

<p>The registered person must maintain records (“case records”) for each child which include the information and documents listed in Schedule 3 in relation to each child. In particular, a copy of any education, health and care plan in relation to the child containing signed consents for medical treatment (Regulation 36 (1)(a)).</p>	<p>24 June 2016</p>
<p>The registered person must keep in relation to a children’s home the records specified in Schedule 4. In particular, a copy of the staff duty roster of persons working at the home and a record of the actual rosters worked (Regulation 37 (2)(a)).</p>	<p>13 June 2016</p>
<p>The registered person must supply to HMCI, at HMCI’s request, a statement containing a summary of any complaints made during the preceding twelve months and the action that was taken in response to each complaint (Regulation 39 (5)).</p>	<p>13 June 2016</p>
<p>The registered person must notify HMCI and each other relevant person without delay of a significant event in the home (Regulation 40 (4)).</p>	<p>13 June 2016</p>
<p>The registered person must review the appropriateness and suitability of the location of the premises used for the purposes of the children’s home at least once in each calendar year taking into account the requirement in regulation 12 (2)(c) (the protection of children standard). In particular, evaluate the potential risks of the nearby canal and railway line (Regulation 46 (1)).</p>	<p>13 June 2016</p>

* These requirements are subject to a statutory requirement notice.

Recommendations

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

- The registered person should ensure that all incidents of control, discipline and restraint are subject to systems of regular scrutiny to ensure that their use is fair. In particular, ensure suitable overview of any restraint by a person independent of the incident (‘Guide to the children’s homes regulations including the quality standards’, page 46, paragraph 9.36).

Full report

Information about this children's home

This children's home is run by a private company. The home is registered to provide a service for up to four children. It is a task-focused assessment unit working with children aged 7 to 11 years, helping them reunite with their families and/or secure permanence in their future. The service has a therapeutic ethos and ongoing family outreach services are available if required.

Recent inspection history

This is the first inspection of the service since registration in January 2016.

Inspection Judgements

	Judgement grade
<p>The overall experiences and progress of children and young people living in the home are</p>	<p>Inadequate</p>
<p>Medication arrangements in the home require significant improvement in order to ensure that children’s medical needs are met and their well-being effectively safeguarded. Staff have not received medication training and there are no assessments of individual staff member’s competency to administer medication. Untrained staff have on a number of occasions administered medication, and records of stock medication are not accurate. One child has epilepsy and is prescribed daily anticonvulsant medication as well as emergency remedy medication. Staff have not received training in epilepsy management. There is no epilepsy protocol or management plan to guide staff in how to respond to epilepsy or how to administer the emergency remedy. For example, staff were unable to identify if there was a safe limit to how many of the pre-filled syringes could be used within a specified time frame. While this medication has not been given, the potential for error and significant harm is high. A member of staff trained in first aid is not always on duty. Appropriate permissions for delegated authority are not always recorded in the children’s relevant plan.</p> <p>Frequent changes in the staff team have had a negative effect on the children. One child expressed how these changes unsettle them saying ‘there are too many agency staff; there are too many different people’. One parent commented that ‘there’s lots of changes in staffing, which has a big impact on him’. Individual staff are caring and supportive. However, staff have not had the opportunity to establish a relationship with the children. The environment is unpredictable with changing personnel who, on occasion, offer inconsistent behaviour management and care. This has potentially affected children’s ability to manage their own conflicts and difficult feelings.</p> <p>The home is a spacious detached house with large individually decorated bedrooms and a generous living space. There is damage to some of the fixtures and fittings of the building, such as stained carpets, damaged and unfinished doors. Further, some of the security arrangements, such as intrusively padlocked cupboards, give a somewhat institutional feel. These issues are not conducive to a homely, welcoming environment for children. The garden pathway to the constantly used learning zone is lifting and presenting a tripping hazard, as are some carpets.</p> <p>The children enjoy long walks along the canal, playing in the park, trips to trampolining centres, days out to a theme park and, on occasion, their first short break holiday, all of which broaden their social experiences. They have lots of fun in the house playing games, such as building camps and playing hide and seek. Both children are delighted to have the opportunity to own and care for pet hamsters. However, staffing arrangements, on occasion, prevent staff from being</p>	

responsive to children's need or activities occurring. For example, the manager is, on occasion, the second member of staff and may be the only driver on shift. This means that alternative plans have to be made, which these children struggle to understand and can trigger incidents of aggressive or violent behaviour.

Staff have on a number of occasions smoked cigarettes in front of the children. This does not provide positive role modelling for children or promote positive health outcomes. However, the children's physical health has generally improved. They are engaging in healthier lifestyles, eating a wider range of foods and enjoying activities, such as rugby and swimming. This has enabled one child to significantly reduce their weight, boosting their health and confidence. Children who were previously somewhat reclusive and uncommunicative are developing their social skills and learning to engage in appropriate social conversations.

The home demonstrates a strong commitment to children's learning and development. There is proactive liaison with the virtual head and both host and placing authorities in an attempt to improve the currently poor educational arrangements for the children. The home provides a well-used learning zone where one child receives tutoring arranged by the placing authority. It also provides an environment where staff provide one child with planned learning activities to bring routine to their day until other more suitable arrangements are established. The home provides each child with a tablet computer to facilitate their learning.

Regular, well-planned arrangements ensure that children are able to maintain frequent contact with their families. One parent commented 'the home is good' and 'he has come on astoundingly since he came'. However, this parent also expressed concerns that 'there's lots of changes in staffing, which has a big impact on him'.

The children's views are listened to and when they raise concerns these are responded to. A placing social worker said, 'Staff have been very good, talking to him and listening to him, involving him in all aspects of his care.' Children say that despite the concerns they raise about the state of the building and high turnover of staff, 'It's actually really good here. This place has really helped me a lot and I like being here.'

	Judgement grade
How well children and young people are helped and protected	Inadequate
<p>The children have made some improvements in relation to their personal safety. For example, reductions in levels of going missing and presenting as a calmer person. However, there are a number of concerns which have the potential to place children at significant risk. For example, medication arrangements place children at potential risk of harm through potential medication errors. The failure to ensure secure storage of building tools and materials has provided opportunity for children to inappropriately access items such as rocks, hammers and saws. These items have been used inappropriately or wielded by children during emotionally</p>	

escalating situations, potentially placing themselves and other people at risk. One social worker said, 'I was just horrified that day, it felt to me like they (staff) were hiding away to avoid having to deal with the situation.'

Behaviour management strategies are not always making a positive difference and while children may individually present as calmer than they did pre-placement, they continue to regularly present heightened situations, which challenge staff skills and resilience. Training has recently been provided in physical intervention for the majority of staff. However, there have been instances in the past where physical intervention has been undertaken by staff who were not appropriately trained. In one instance, staff who were not confident to restrain failed to physically intervene to prevent a child running into the road. This led to staff contacting the police, rather than dealing with the emergency situation effectively.

Children who have been restrained, do not always receive an offer of medical attention following the incidents, nor is there always clear recording of what led to the restraint or how long the child was restrained. There are poor arrangements for the review and monitoring of incidents, undermining the ability for reflection to contribute to meeting the ongoing and changing needs of children. For example, no suitable senior person has overviewed the physical interventions conducted by the registered manager. When children have raised concerns about the particular response of individual staff, the manager has investigated and taken action.

Individual missing from care risk assessments are not sufficiently detailed and fail to give staff effective guidance on how to respond. For example, details of when to notify the police and particular vulnerabilities of children are not identified nor are aspects of risk in the location, such as the canal or railway line. This means that there is significant potential for staff to fail to respond appropriately, which is of particular concern given the high levels of staffing instability. The impact of this is reduced in practice as staff responses to date have been effective, with staff following children and successfully encouraging them to return to the home. Consequently, there have been no episodes of a greater nature of going missing than children being out of sight for a few minutes.

Staff vetting procedures are not sufficiently robust to ensure that children are fully safeguarded from unsuitable people gaining employment within the home. Systems are in place to ensure that permanent staff do not work at the home until checks on their identity are verified. However, gaps in employment history or potential health concerns are not effectively identified and explored. The manager ensures that at least two written references are obtained. However, testimonial references have been accepted and there is no evidence that references have been verified. This means that there is insufficient scrutiny of applicants' employment history; therefore information which would potentially have a bearing on their suitability may not be identified.

The manager is unable to evidence that most staff have undertaken suitable training in safeguarding, medication, epilepsy management and around child sexual exploitation. Lack of good-quality training, which is regularly updated, does not support staff to manage risk effectively and robustly, to protect children.

Improvements to health and safety within the building are required to ensure that children, visitors and staff are protected from tripping hazards, for example fraying carpets on stairways, gaps in flooring and unsafe pathways that require repair. Fire safety arrangements are not sufficiently robust, for example, only four of the 20 staff who have worked at the home are recorded as having participated in a fire drill or received fire instruction. Furthermore, children with complex needs, such as epilepsy or attention deficit hyperactivity disorder, do not have a personal emergency evacuation plan and such issues are not covered in the home's fire risk assessment. This means that staff do not have clear guidance on how to support each individual child to evacuate the home effectively in the event of an emergency.

The manager has undertaken a review as to the appropriateness and suitability of the location and premises of the home, which identifies low risks in relation to criminal activity within the community. However, this fails to reflect and evaluate the potentially significant risks regarding the nearby canal and railway line.

The children receive supportive, caring responses from individual staff members in relation to any incidents of conflict, which means that, despite these concerns, children do feel safe. One child said, 'I love the manager, he makes me feel safe. Whenever there's a problem he sorts [it] out for me.' However, children say that they do not like the high turnover of staff, which impacts on their ability to have a selection of trusted adults that they can talk to within the home.

	Judgement grade
The impact and effectiveness of leaders and managers	Inadequate
<p>The manager was registered in January 2016 when the home opened, he has yet to enrol on a suitable qualification in leadership and management. The manager has significant experience of working with children in residential care and some previous management experience.</p> <p>The management of the home is ineffective. The manager and provider have not been able to deliver the caring experience to children as set out in the home's statement of purpose. There has been a significantly inconsistent staff team, which has had a major impact on the ability of the home to deliver good quality care. In just four months of the home opening, at least 20 members of the care staff team have been employed to work within the home, either on an agency or permanent basis, many of whom have stayed just a few weeks. This has significantly undermined the ability of the home to deliver a positive experience for children, in addition to rendering it almost impossible to deliver suitable training and supervision to staff.</p> <p>There are no appropriate arrangements for ensuring suitable staffing levels to facilitate effective operation of the home. For example, the manager is regularly the second member of staff on duty. This has significantly impacted on the</p>	

manager's ability to undertake his management role due to the immediate and face-to-face demands of the children. On at least two occasions, there have been only agency staff on duty. On one occasion, an agency member of staff was working on site for four long days undertaking sleeping in duties in between their long day time shifts, therefore having no opportunity for a break from the home. These arrangements are not conducive to good-quality childcare.

The home's statement of purpose states that the age range of the home is for children aged six to 11 years, yet a child over this age was admitted to the home. The children placed at the home have experienced significant early life trauma and the statement of purpose refers to the home as being an assessment unit with a therapeutic model of care underpinning the ethos of the home. The children are emotionally fragile and have displayed significantly challenging and harmful behaviour. The children require an experienced staff team that has the knowledge and understanding of how neglect and abuse affects children and has the skills to manage presenting behaviours. Staff are not consistent, nor always suitably qualified or competent to deliver a high-quality service to meet the needs of the children in placement.

A six week induction process is in place for permanent staff, which covers key information and activities. However, very few staff are in the position where they have been able to complete this. There is no formal recorded induction for agency staff. This means that agency staff may not have essential information regarding key issues, such as how to effectively support the children or act in an emergency. Individual line management supervision records fail to demonstrate that staff receive competent and effective individual supervision. Permanent staff have access to therapeutic support to help support their resilience. However, only three care staff are permanent. The manager is unable to evidence that all, or even the majority of staff, have received suitable training in areas such as safeguarding, around child sexual exploitation, first aid, fire awareness, medication management and epilepsy management. Such poor arrangements for the induction and training of staff have the potential to significantly impact on staff's ability to respond to both the day-to-day needs of children and emergency situations.

The manager does work in partnership with parents and local authorities. However, this has not effectively addressed the concerns that some social workers have about aspects of the service. The manager has listened to and addressed any concerns raised by children in respect of individual staff members. However, records of complaints, whether from children or others, are not always clearly documented as such. For example, the manager was unable to provide an accurate summary of complaints about the service when requested. While this has no direct impact on children, this does mean that there is no clear picture of the quality of service and an ability to understand the developments and improvements required.

Records within the home are not always of sufficient quality, for example, accurate staff rotas are not held and recording of physical interventions are not sufficiently detailed. This means that some records do not provide the required information or that the information is not easily accessible. Children's case records are, on

occasion, missing essential documentation, such as signed consents for emergency medical treatment. When significant events have occurred, these have not always been appropriately shared by staff with the manager, resulting in a lack of robust management oversight.

The manager has not ensured that all significant events are notified to Ofsted, such as a significant complaint regarding a member of staff or incidents where the police have been called to the home. This has been no direct impact on children but this prevents Ofsted, as the regulator, from having a picture of any challenges which the home is facing and ensuring that these are suitably addressed.

The children have made some progress in their time at the home and there are pockets of good practice, such as the educational support provided, the home's challenge of local authorities when they fail to act and the very close relationship the children have with the manager, who they trust and believe in.

The manager does have aspirations for the home and the staff members are individually motivated to deliver a good service to children. However, the oversight, leadership and management of the home are poor and as a result children are not effectively safeguarded. The shortfalls identified permeate through the service. The manager and provider had an awareness of some of the issues prior to the inspection, but were unaware of many shortfalls. There are some plans to address some of these issues. However, it is concerning that these plans have yet to be effectively implemented.

What the inspection judgements mean

The experiences and progress of children and young people are at the centre of the inspection. Inspectors will use their professional judgement to determine the weight and significance of their findings in this respect. The judgements included in the report are made against 'Inspection of children's homes: framework for inspection'.

An **outstanding** children's home provides highly effective services that contribute to significantly improved outcomes for children and young people who need help and protection and care. Their progress exceeds expectations and is sustained over time.

A **good** children's home provides effective services that help, protect and care for children and young people and have their welfare safeguarded and promoted.

In a children's home that **requires improvement**, there are no widespread or serious failures that create or leave children being harmed or at risk of harm. The welfare of looked after children is safeguarded and promoted. Minimum requirements are in place. However, the children's home is not yet delivering good protection, help and care for children and young people.

A children's home that is **inadequate** is providing services where there are widespread or serious failures that create or leave children and young people being harmed or at risk of harm or that result in children looked after not having their welfare safeguarded and promoted.

Information about this inspection

Inspectors have looked closely at the experiences and progress of children and young people living in the children's home. Inspectors considered the quality of work and the difference adults make to the lives of children and young people. They read case files, watched how professional staff work with children, young people and each other and discussed the effectiveness of help and care given to children and young people. Wherever possible, they talked to children, young people and their families. In addition, the inspectors have tried to understand what the children's home knows about how well it is performing, how well it is doing and what difference it is making for the children and young people who it is trying to help, protect and look after.

This 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 Children's Homes (England) Regulations 2015 and the 'Guide to the children's homes regulations including the quality standards'.

Any complaints about the inspection or the report should be made following the procedures set out in the guidance *raising concerns and making complaints about Ofsted*, which is available from Ofsted's website: www.gov.uk/government/organisations/ofsted. If you would like Ofsted to send you a copy of the guidance, please telephone 0300123 4234, or email enquiries@ofsted.gov.uk.

The Office for Standards in Education, Children's Services and Skills (Ofsted) regulates and inspects to achieve excellence in the care of children and young people, and in education and skills for learners of all ages. It regulates and inspects childcare and children's social care, and inspects the Children and Family Court Advisory and Support Service (Cafcass), schools, colleges, initial teacher training, workbased learning and skills training, adult and community learning, and education and training in prisons and other secure establishments. It inspects services for looked after children and child protection.

If you would like a copy of this document in a different format, such as large print or Braille, please telephone 0300 123 4234, or email enquiries@ofsted.gov.uk.

You may reuse this information (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit www.nationalarchives.gov.uk/doc/open-government-licence, write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

This publication is available at www.gov.uk/government/organisations/ofsted.

Interested in our work? You can subscribe to our monthly newsletter for more information and updates: <http://eepurl.com/iTrDn>.

Piccadilly Gate
Store Street
Manchester
M1 2WD

T: 0300 123 1231
Textphone: 0161 618 8524
E: enquiries@ofsted.gov.uk
W: www.gov.uk/government/organisations/ofsted

© Crown copyright 2016