

Children's Home – Monitoring visit

Inspection date	15/06/2016
Unique reference number	SC062079
Type of inspection	Monitoring
Inspector	Emeline Evans and Amanda Maxwell

This monitoring visit was undertaken following an anonymous compliant being received by Ofsted.

At this visit, the inspectors looked at staffing levels, medication errors, support and mentoring for new staff, staff turnover and competency of staff. They spoke to staff and managers and reviewed complaints against the home. One house, in particular, was referred to in the complaint and therefore, inspectors looked in its operation in detail.

Staffing levels

During this visit, the inspectors spoke to staff and managers in one particular house in the organisation that featured in the complaint, to determine if staffing levels are appropriate to keep the young people safe and to enable staff to support the young people's complex needs effectively.

The organisation has recently recruited a number of nurses from overseas to enhance the number of registered nurses on each shift. Shifts involve both care staff and registered nurses. This additional staffing will improve the medical expertise in the staff team.

Young people who live in the house have complex medical needs, and managers state that they have calculated the support needs to be two young people to each member of care staff. Placing authority contracts do not state what staffing levels an individual child requires.

Documentation available does not reflect how this assessment of staffing support has been carried out or what the assessed staffing need for each child is over a 24-hour period. Care plans that staff refer to do not detail staffing levels for the young people. Due to this lack of information, inspectors were unable to determine whether there are sufficient staff on each shift. A requirement has been made to ensure that the home has sufficient staff to provide care for each child and, in particular, to assess each child's individual needs in relation to staffing.

Staff rotas were also inspected. Staffing levels are consistent throughout the day. Support is reduced at night-time. Due to young people's support needs not being formally assessed, the reasons for this reduction of staff were not evident. Nor was it clear whether young people are being kept safe. Rosters within the home did not detail actual hours worked by staff or when staff move between the houses on site. Thus, it is difficult to establish who was working at certain times or the exact staffing levels.

Support for new staff and competency of staff

Staff who have been recently appointed stated that they have been supported and mentored during their induction process. They stated that they were able to approach longer-standing staff and gain advice, and feel that they have had a positive experience. Managers reported some staffing concerns that were apparent in February 2016. Appropriate action was taken at this time and managers feel the team is now working well. It was reported to inspectors during the visit that no

recent concerns or complaints have been made to managers in the home about mentoring or support given to new staff. Since the visit was undertaken, it has been reported that managers are carrying out investigations into some concerns raised by staff.

Staff confirmed to inspectors that they only carry out medical procedures when they have completed the necessary training and have been signed off as competent to complete the tasks. Some staff stated that they are due to undertake training because their competencies need to be refreshed.

Staff training information indicates when staff are due to refresh their training and the competencies that they have completed. No evidence was found to suggest that staff who are not trained or signed off as competent undertake medical procedures.

Staff turnover

Since the last inspection, six staff have left one particular house in the organisation. Exit interviews have been completed and the reasons for staff leaving are varied. The senior management team has recognised that information from these exit interviews is not always shared, to enable learning. This is an area that the senior management team is currently addressing with the necessary department.

Medication errors

Over the last year, there has been a focus by the management team on identifying areas for improving practice specifically on training in medication arrangements and the reporting of incidents involving medication errors. One house has been involved in a pilot for a medication project plan. This has involved assessing competency in administering medication and training in the use of information technology systems. Other houses are due to start this pilot.

Since the last inspection, there have been 25 reported medication errors or near-miss incidents across the three houses. In one house that featured in the complaint, there have been 10 errors or near misses in five months. In this time, there have been approximately 49,000 doses of medication administered. Each error has been thoroughly investigated and action taken. Lessons are learnt following errors. In the errors reported, patterns have not been identified and none has been associated with staffing levels.

Reported incidents involving misuse of medical equipment have been investigated. No evidence was found in the internal investigations to suggest that equipment not being used correctly is as a result of staffing levels.

Complaints

Complaints are low due to the relationships formed with young people, their families and professionals. There was a complaint being investigated during the inspection, and issues raised were being explored in a timely and professional manner. Staff have raised some concerns to managers with regard to the level 3

qualification. However, during discussion with staff and managers, we were informed that there have not been any other concerns or complaints raised in recent months.

Conclusion

- Due to the lack of information in relation to assessed support needs for young people, inspectors were unable to determine whether there are sufficient staff on each shift. A requirement has been made to assess each child's individual needs in relation to staffing and to ensure that staffing levels are sufficient.
- Rosters in the home did not detail actual hours worked by staff or when staff move between the houses on site. Therefore, it is difficult to establish who was working at certain times or the staffing levels.
- Staff who have been recently appointed state that they have been supported and mentored during their induction process.
- No evidence was found to suggest that staff who are not trained or signed off as competent undertake medical procedures.
- No patterns have been identified in medication errors or near-miss incidents and none has been associated with staffing levels.
- Reported incidents involving misuse of medical equipment have been investigated. No evidence was found in the internal investigations to suggest that equipment not being used correctly is as a result of staffing levels.
- Managers report that no concerns or complaints have been raised to them in respect of staffing levels.

Information about this children's home

This home is linked to the on-site non-maintained school and is therefore also a residential special school. It provides holistic services for children who have multiple disabilities and complex health needs. 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 who have profound and multiple learning difficulties and are within an age range of five to 25 years. The school has 44 education placements. The registered children's home accommodates 33 young people, in single or twin bedrooms. The residential accommodation comprises three separate houses. The three houses are also registered with the Care Quality Commission. There are four other houses on the site that are only registered with the Care Quality Commission.

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

Statutory requirements

This section sets out the actions that must be taken so that the registered persons meet 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 persons must comply within the given timescales.

Requirement	Due date
Maintain records kept in Schedule 4. This specifically relates to a record of the rosters of actual hours worked. (Regulation 37(2)(a))	18/08/2016
13: The leadership and management standard: In order to meet the leadership and management standard, the registered person is required to (2)(d) ensure that the home has sufficient staff to provide care for each child and, in particular, to assess each child's individual needs in relation to staffing to ensure that staffing levels are sufficient.	18/08/2016

Information about this inspection

The purpose of this visit was to investigate information received that suggests that there may be a breach of regulations.

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