

## Children's homes inspection – Full

<b>Inspection date</b>	<b>09/08/2016</b>
<b>Unique reference number</b>	<b>SC394025</b>
<b>Type of inspection</b>	<b>Full</b>
<b>Provision subtype</b>	<b>Residential special school</b>
<b>Registered provider</b>	<b>The National Centre for Young People with Epilepsy</b>
<b>Registered provider address</b>	<b>St. Piers Lane, Lingfield, Surrey RH7 6PW</b>

<b>Responsible individual</b>	<b>Gillian Walters</b>
<b>Registered manager</b>	<b>Post vacant</b>
<b>Inspectors</b>	<b>Emeline Evans, Jennie Christopher, Maire Atherton, John Pledger</b>

<b>Inspection date</b>	<b>09/08/16</b>
<b>Previous inspection judgement</b>	<b>Sustained effectiveness</b>
<b>Enforcement action since last inspection</b>	<b>None</b>
<b>This inspection</b>	
<b>The overall experiences and progress of children and young people living in the home are</b>	<b>Requires improvement</b>
The children's home is not yet delivering good help and care for children and young people. However, there are no serious or widespread failures that result in their welfare not being safeguarded or promoted.	
<b>How well children and young people are helped and protected</b>	<b>Requires improvement</b>
<b>The impact and effectiveness of leaders and managers</b>	<b>Requires improvement</b>

**SC394025**

## **Summary of findings**

### **The children's home provision requires improvement because:**

- This service has historically delivered a medical model of care that may tend to over-protective practice. There have been moves towards a social care model but this has yet to be fully implemented.
- Privacy and dignity are sometimes compromised because staff are over-cautious in meeting young people's medical needs.
- Achievements against targets are inconsistently recorded which prevents progress from being measured and celebrated.
- Transitions between houses are developed in isolation without consulting parents or the nursing team. The impact children may have on each other is not duly considered and there is currently no clear assessment of suitability..
- The risk assessment processes are weak. They do not promote age-appropriate risk taking: for example, unnecessarily prohibiting freedom of movement. Risk assessments and placement plan documentation fail to give staff sufficient information to manage risk alongside normal life.
- There is generally a high level of health and safety awareness across the whole site. However, some areas have not been identified as requiring attention. There are a number of restrictions to garden areas and some rooms, and the environment is not homely.
- There is currently a lack of clarity over roles and responsibilities. Although the senior leadership team says it has communicated to parents changes relating to these, parents report a lack of consultation and confidence in the management team.

### **The children's home strengths**

- Having complex needs does not prevent young people from enjoying a good range of activities, and staff are proactive in seeking out new opportunities for young people to do things that they enjoy.
- Individual health needs are well managed in close collaboration with health professionals and, in some instances, progress has been achieved.
- Staff understand young people's individual needs and their knowledge enables young people to live in an environment where they are protected as far as possible from risks of harm arising from their medical conditions.
- The staff and psychology team also work with parents to ensure a holistic approach to the children's care. This means that parents can be supported in how to spend quality time with their children.
- There is analysis of incidents and physical interventions with the young people. This allows patterns, trends and triggers for behaviours to be identified and understood.
- Internal and external monitoring systems have been revised and their processes scrutinised. The external monitoring now gives challenge and reflects an awareness of all crucial areas.

## 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 within the given timescales.

Requirement	Due date
<p>6: The quality and purpose of care standard</p> <p>In order to meet the quality and purpose of care standard, the registered person must ensure that staff:</p> <p>(2)(b)(iv) provide personalised care that meets each child's needs, as recorded in the child's relevant plans, taking account of the child's background. In particular, care plans and risk assessments should be sufficiently detailed to enable staff to support children. (Regulation 6(2)(b)(iv))</p>	03/10/2016
<p>12: The protection of children standard</p> <p>In order to meet the protection of children standard, the registered person must ensure that:</p> <p>(2)(a)(i) staff assess whether each child is at risk of harm, taking into account information in the child's relevant plans and to make arrangements to reduce the risk. In particular, ensure that staff are working to up-to-date individual risk assessments and care planning. (Regulation 12(2)(a)(i))</p> <p>(d) 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 –in particular, that fire risk assessments are done and areas are maintained, including bathrooms and gardens. (Regulation 12(2)(d))</p>	03/10/2016
<p>14: The care planning standard</p> <p>In order to meet the care planning standard the registered person is required to:</p> <p>2(a) ensure that children are admitted in to each of the homes</p>	03/10/2016

only if their needs are within the range of needs of children for whom it is intended that the home is to provide care and accommodation, as set out in the home's statement of purpose. This specifically relates to carrying out impact risk assessments to determine suitability. (Regulation 14(2)(a))	
<p>16: Statement of purpose</p> <p>The registered person must ensure that the statement of purpose covers all matters listed in Schedule 1. (Regulation 16(1))</p>	03/10/2016
<p>21: Privacy and access</p> <p>The registered person must ensure that—</p> <p>the privacy of children is appropriately protected. (Regulation 21(a))</p>	03/10/2016
<p>24: Monitoring and surveillance</p> <p>Ensure devices are only used for the monitoring and surveillance of children if—</p> <p>the child's placing authority consents in writing to the monitoring or surveillance. (Regulation 24(1)(b))</p>	03/10/2016
<p>35: Behaviour management policies and records</p> <p>The registered person must ensure that—</p> <p>following any of a use of a measure of control, discipline or restraint in relation to a child in the home, the authorised person has spoken to the user about the measure and added to the record confirmation they have spoken to the child about the measure. (Regulation 35(3)(b)(i), (3)(c))</p>	03/10/2016

## Recommendations

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

- Ensure that the home challenges the relevant person when it does not consider performance to be adequate in relation to their role. ('Guide to the children's homes regulations including the quality standards', page 12, paragraph 2.8)
- Ensure that all staff are aware of and follow the home's policies and procedures – in particular, that the staff handbook for those living on site details

safeguarding and child protection arrangements and procedures for the supervision of visitors on site. ('Guide to the children's homes regulations including the quality standards', page 54, paragraph 10.20)

- Ensure that the healthcare arrangements for children are appropriate. Specifically, risk assess the use of therapeutic beds with input from relevant professionals. ('Guide to the children's homes regulations including the quality standards', page 33, paragraph 7.4)
- Provide staff with the necessary support as outlined in staff induction programmes. ('Guide to the children's homes regulations including the quality standards', page 53, paragraph 10.8)
- With particular reference to staff deployment, ensure that whenever possible staff in day-to-day contact with children should include staff from different gender groups.. ('Guide to the children's homes regulations including the quality standards', page 54, paragraph 10.22)
- Review the systems in place to ensure that supervisions allow a reflection on practice and the needs of children assigned to staff care. ('Guide to the children's homes regulations including the quality standards', page 61, paragraph 13.2)
- Ensure that the complaints procedure is followed and that records indicate if the complainant is satisfied with the response. ('Guide to the children's homes regulations including the quality standards', page 23, paragraph 4.1)
- Ensure that the shift leaders, or another relevant person, monitors medication arrangements. ('Guide to the children's homes regulations including the quality standards', page 54, paragraph 10.21)

## Full report

### Information about this children's home

The home provides education and residential care for up to 60 young people, aged from eight to 18 years, across eight separate homes. Young people attend the organisation's special school, which is approved by the Department for Education. Young people with a variety of disabilities, primarily learning difficulties, autism, complex health needs and physical disabilities, are accommodated for 38 weeks or 52 weeks. Young people who stay at the home do not necessarily have a diagnosis of epilepsy.

An adult college and some houses exclusively for 18–25-year-olds are on the same site. These are separately regulated by the Care Quality Commission. The provider organisation is a registered charity.

### Recent inspection history

Inspection date	Inspection type	Inspection judgement
23/02/2016	Interim	Sustained effectiveness
13/10/2015	Full	Requires improvement
27/02/2015	Full	Outstanding
09/10/2014	Interim	Sustained effectiveness



## Inspection judgements

	Judgement grade
<b>The overall experiences and progress of children and young people living in the home</b>	<b>Requires improvement</b>
<p>Positive comments received from parents included, 'This is the best place for him. They have provided support that has enabled significant progress in behaviour, self-care and independence skills' and 'The use of the visual timetable has helped X understand now and next, and enabled us to have a family day out in London.' Young people enjoy care from staff who are providing them with positive, life-enhancing experiences. Young people show warmth and affection for the care staff and there is a very relaxed atmosphere across the homes.</p> <p>Young people have made progress given their starting points on arrival. For example, one child has achieved continence and is now able to spend more time in the family home. Behaviours have improved as a result of staff intervention and boundaries being implemented. Other areas of progress include one young person who was previous too scared now being able to go to the barber's. Staff and parents report on areas of progress. However, achievements against targets are recorded too inconsistently for progress to be measured and celebrated.</p> <p>Staff provide young people with the opportunity to share their views formally through questionnaires and key-work sessions. Staff have a good knowledge of each young person's needs which enables them to tell if a young person is unhappy and to respond accordingly. If a young person appears to be unhappy, staff immediately intervene to alleviate their anxieties. One parent commented, 'They make good use of social stories to reduce his anxieties. He is happy and settled.'</p> <p>Individual health needs are well managed in close collaboration with health professionals and, in some instances, progress has been achieved. The home has a large amount of medical and health input on site. There are robust procedures to deal with emergency health concerns, and all staff understand these. All medication procedures are monitored and any known errors have been addressed and appropriate action taken. There is good management oversight of medication systems. The onsite pharmacist identified that staff turnover had contributed to errors. Consent forms had not been obtained, for example for first aid or administering medication. This was recognised and the organisation has a new consent form that is currently being developed. There is also a shift leader checklist to ensure that all medication is given. However, audits have identified that this has not been implemented effectively. In some cases, the shift leader is also the staff member responsible for giving medication, which compromises the objectivity they bring to applying the checklist</p>	

Privacy is not always respected within the houses. Privacy and dignity are compromised because staff focus too exclusively on young people's medical needs. For example, staff were seen to prop a bathroom door open when a young person was in there. This was not challenged and appeared to be routine practice.

Staff work in partnership with parents and professionals to assess young people's needs prior to their move into the home. However, transitions between houses are developed in isolation without consulting parents or the nursing team. Transitions are not being consistently managed in a collaborative manner or involving all the necessary people including the child involved. The practical arrangements for these moves are well managed. However, impact is not considered in the written paperwork to enable an effective review and a clear assessment of suitability to take place.

Having complex needs does not prevent young people from enjoying a good range of activities, and staff are proactive in seeking out opportunities for young people to do things that they enjoy. Trips out as a group are regular features of the activities provided. Activities include theme parks, picnics, bowling, local parks and the cinema. There is good community involvement to give young people a sense of belonging, and a positive community presence. The organisation now has activity co-ordinators to further enhance experiences for the young people.

	Judgement grade
<b>How well children and young people are helped and protected</b>	<b>Requires improvement</b>
<p>Staff interpret young people's behaviours well and are therefore able to act when young people are worried or upset. Positive relationships with staff enable young people to feel safe and confident in being able to communicate any issues as they arise. Staff understand young people's individual needs and this enables young people to live in an environment where they are protected as far as possible from risks of harm arising from their medical conditions.</p> <p>The routines and structures in place for young people help them to feel safe and comfortable in their surroundings. Young people's disabilities and health are central to shift planning, risk management and supervision for off-site activities. Incidents of young people putting themselves at risk of harm through behaviours including going missing are very low. When such incidents occur, strategies to reduce the risk and enable staff to keep young people safe are not well documented. Young people's risk assessments are generic and do not give staff guidance tailored to managing the child about whom it is written.. This means staff may not be aware of what the risks are and how to minimise them. In addition, the process does not promote age-appropriate risk taking, for example by taking into account young</p>	

people's freedom of movement. Young people currently in placement are not considered high risk in the areas of self-harm and child sexual exploitation. Self-injurious behaviours are managed well and staff have been successful in finding ways to reduce them.

The safeguarding manager communicates with people in the local authority with regard to concerns of a safeguarding nature. There was one referral that the leadership team did not escalate when the response by the local authority was not felt to be satisfactory. There have been a number of safeguarding referrals and unexplained injuries to young people, and a recent meeting between the organisation and the local authority took place. This was helpful and the designated officer considers that the organisation have responded appropriately. The safeguarding team works relentlessly to train staff and ensure that they understand safeguarding processes. Through this work, staff are now showing a good understanding of the action to take should they have concerns about a young person's well-being. They are becoming more confident in reporting concerns now that the safeguarding manager is available for advice.

The home makes individual admission arrangements for young people. For example, they may attend the assessment centre before admission if medical needs require this. Transitions then take place into the individual homes to ensure that staff are aware of young people's vulnerabilities and needs. Managers work with parents to ensure they can identify any signs that a young person is not well, and with that staff to understand and learn from any significant incident and prevent recurrence.

Staff have an appropriate understanding of behaviour management and look to de-escalate situations as much as they can. Generally, they look at the young person's mood and then try to be as flexible and positive as possible. The organisation's psychology team works with the staff and young people in each of the houses and visits regularly to implement behaviour management plans. Behaviour is understood as a form of communication. Staff aim for consistency but their turnover undermines this at times. The staff and psychology team also work with parents to ensure a holistic approach. This means that parents can be supported in how to spend quality time with their children. A parent commented that 'access to the psychologist has taught me how to use de-escalation tools. I now understand that he needs a different set of rules.' There is analysis of all critical incidents and physical interventions. This allows patterns, trends and triggers for behaviours to be identified and understood. Incidents of physical intervention are few and confined to a small group of young people. Suitable records are completed. However, staff and young people are not consistently offered a debrief following an incident. This means that important information may not have been gathered when trends are being analysed.

Recruitment processes are thorough and include additional checks and references on staff recruited from overseas to ensure that they are verified appropriately. The

staff handbook for those living on site does not currently detail safeguarding and child protection arrangements, or procedures for supervising visitors on site. Therefore staff may not be fully aware of their responsibilities in keeping young people safe.

There is generally a high level of health and safety awareness across the whole site. However, there are areas that have not been identified as requiring attention. The induction for staff, including agency staff, includes an introduction into fire evacuation arrangements. However, some actions in a fire risk assessment carried out in September 2015 have not been implemented and the evacuation floor plan has not been revised. There are also areas in the home that have not been properly maintained, such as the gardens and bathrooms, one of which had a rusting metal fixture around the toilet. There are a number of restrictions to garden areas and some rooms, and the environment is not homely. Two bedrooms were seen to have therapeutic high-sided cot beds where young people are enclosed. This is to prevent young people leaving because of risks that may result in their injury. Care planning and risk assessment documents require review to ensure that they highlight the reasons why certain measures are used and who has agreed to these.

Most young people require close supervision for health reasons including epilepsy. Monitoring and listening devices may therefore be used in bedrooms. However, documentation indicates that placing authorities have not agreed to the use of surveillance in bedrooms or that they are aware that it is in operation.

	Judgement grade
<b>The impact and effectiveness of leaders and managers</b>	<b>Requires improvement</b>
<p>Since the last inspection, there has been a period of change for the staff who work at the service and for the management team. The staff and management team have been working hard to try and achieve consistency for the young people. There is currently a vacant registered manager's position and interim management arrangements are in place. The previous registered manager left recently after being in the registered post for six months. There is currently a lack of clarity over roles and responsibilities and although the senior leadership team says that it has communicated to parents changes relating to these, parents report a lack of consultation and confidence in the management team.</p> <p>The statement of purpose is currently under review and the one in operation lacks clarity and/or information. The history of this service has led to a medical model of care provision including some over-protective practices. The current leadership</p>	

team has recognised this culture across the homes and is considering ways of achieving a social care model as an alternative. This has yet to be fully implemented.

Recruitment processes have been under way to fill vacant posts and the organisation has begun to reduce the number of vacancies across the homes. It has been creative in its approach, including recruiting from overseas and attending job fairs at universities. There is a comprehensive induction in place including mentoring. However, this is not always implemented during school holidays, especially the shadowing opportunities. There appears to be a lack of staff understanding of the induction process for new staff. The deployment of staff has resulted in young people not always having both male and female staff available to support them. This has resulted in some young people missing out on activities.

The management team has looked at ways to further develop and reflect on current practice. Internal and external monitoring systems have been revised and their processes scrutinised. The external monitoring now gives challenge and reflects an awareness of any crucial areas. There is now evaluation and monitoring of the support and care that young people receive.

The managers in each of the homes have oversight of care plans and are looking at ways to improve them to collate information and improve accessibility so that they become more useful tools. However, staff are not recording the progress that young people are making effectively. Care planning documentation lacks individualisation and clarity. Templates are used that are causing repetition and incorrect information is being recorded. Risk assessments and care plans contain imprecise language and fail to provide staff with sufficient information.

Staff report that they receive supervision. However, sampling supervision records indicates that supervision is not being used effectively to sustain staff's motivation and focus. The process is not providing the opportunity to reflect on practice. There is a lack of understanding of the purpose of supervision by managers. Staff undertake essential training that contributes to their being able to understand and meet the needs of young people. The training and development team is constantly looking for training opportunities to ensure that staff are equipped with the skills to be working with young people with complex support needs. Young people benefit from effective working relationships between staff, parents and professionals from a range of services on site. This inter-agency working ensures that there is a holistic approach in meeting the specific needs of young people.

The children's home has received some complaints since the last inspection. Although these complaints have been fully investigated and the home has been proactive in working with all involved, parents report that there has been a delay in responding to complaints and it has not been made clear to them why this is. The complaint process is currently under review. However, complaint records seen do not indicate if a complainant is satisfied with the response.

## 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 children looked after 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 that 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'.

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