

Children's Home – Monitoring visit

Inspection date	25/08/2016
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Type of inspection	Monitoring
Inspector	Michelle Edge

This monitoring visit.

At the full inspection on 15 June 2016, the home was judged inadequate. A number of shortfalls were identified. These included a lack of effective action taken by managers and staff in responding to serious safeguarding concerns. This left young people at risk of harm. Staff had also failed to address and support the health needs of young people. Care planning was poor and managers and staff had failed to identify, understand or manage risks to young people. In addition, there had been several changes in staff, which had impacted on the consistency of care provided to young people. Furthermore, staff had not received supervision for a significant period of time and safer recruitment procedures had not been adhered to. The inspection resulted in 11 requirements and three recommendations being made.

An unannounced monitoring visit took place on 25 August 2016. Inspectors found that since the last full inspection the registered manager has been unavailable for work. At the beginning of August 2016, a senior care worker in the organisation was promoted in an acting capacity to undertake this role. The responsible individual and senior managers implemented a detailed improvement action plan to support the changes required.

The acting manager and responsible individual have completed an internal review of the documentation in the home, including internal placement plans and risk management plans. They have set out to staff in team meetings and individual supervision sessions, staff members' roles and responsibilities with regard to reading, reviewing and updating all young people's documentation. They have identified timescales for each staff member to complete required tasks. These include signing and dating all young people's documentation and, in particular, updating risk assessments, health plans and placement planning documents to include all required information, especially any historical or new safeguarding incidents. Staff are also expected to read all policies and procedures and to ensure that all young people's files evidence their progress while living at the home and their journey through care. This helps to set out the expectations from the provider with regard to the delivery of warm, nurturing care.

However, inspectors found that staff have still failed to sign and date documentation, including individual risk assessments for young people and policies and procedures. They have also failed to address the issues of risk and to identify how risks are managed safely, to promote consistency of care. For example, despite child sexual exploitation and unsafe mobile phone usage being identified as a high risk for young people living in the home, their individual risk assessments still do not sufficiently assess these risks. In addition, there have been two separate safeguarding incidents in the home. During the monitoring visit, inspectors observed the sanctions book, dated 25 June 2016. Staff recorded that a young person was 'challenging towards staff' and 'fire starting in the garden area.' In the accident book, dated 20 August 2016, staff recorded that a young person had caused injuries to herself, which required treatment. Staff failed to add any

further details, including actions taken to either the young people's individual plans or risk assessments, in order to inform practice. There was no evidence of any further strategies taken to minimise risks to either of the young people involved, other young people in the home or staff. During discussions with the acting manager, he stated that staff had also failed to inform him about the fire starting incident. The lack of clear risk identification and planning to address concerns fails to ensure the safety of young people and potentially places them at further risk.

Health plans for all young people have been updated by the acting manager. He has devised a template that clearly demonstrates the planned appointments for young people, the date, time and the outcome. However, staff have failed to use the new documentation. For example, staff recorded a date in a young person's health plan of 27 September 2016. No further information, such as what the planned appointment was for, or where the young person had to go, were included. Further examples include a young person requiring hospital treatment on 15 July 2016. Both the accident form and the young person's health plan state, '[Name] had hurt her left.' No further details were included about what part of her body she required treatment for. This failed to provide all staff with the required information to meet the needs of that young person. There were further examples of records indicating that young people refused to attend planned medical appointments. There was no information to show what action was taken, or what strategies are used by staff to encourage and emphasise the importance of attendance to address health requirements. This fails to adequately promote young people's physical and emotional well-being and does not demonstrate that all staff are working effectively to meet each young person's individual health needs.

The administration of medication remains a concern. Inspectors observed a senior care worker place medication belonging to a young person on the side in the office area. This was left unattended and was not recorded in either the young person's records or the medication file. This is against the home's own policies and procedures, which state, 'It is the responsibility of the worker to record all medication in the medication records and store safely.' In addition, it was observed that the keys for the medicine cabinet had been left in the lock, despite a large notice on the cabinet, which said, 'Lock keys away after use.' This was brought to the attention of the acting manager, who took immediate action to secure the medication in the locked cabinet and removed the keys to a place of safety.

The responsible individual and acting manager have taken action to unlock doors downstairs, to allow young people the use of all communal areas. They have introduced a daily checklist as part of the handover process. However, parts of the home's environment are poor. Some young people's bedrooms and en suite bathrooms were unclean and had clothes strewn across the floor. There was evidence that one young person had been smoking in their bedroom, with both cigarette ash and cigarette papers covering their bedroom furniture. Staff have failed to address this with young people. During the monitoring visit, the inspectors brought to the acting manager's attention the condition of young people's bedrooms. He stated, 'I'm absolutely appalled and devastated by these bedrooms.' While he took immediate action to ensure that staff rectified the issues raised, the

home's daily routine had not enabled staff, or the manager, to notice this sooner.

Young people still do not always benefit from clear and consistent boundaries, effective behaviour management strategies or positive and trusting relationships with all staff. During the monitoring visit, staff failed to address young people's needs. They directed young people continually to the acting manager to ask questions about their basic care needs and plans for the day, contact, activities, monies and medication. The acting manager advised young people to ask the staff on shift. Consequently, young people became frustrated. One said, 'It's not fair. They send me to you and you send me back. Why can't anyone make a decision?' Another said, 'I asked what are my activities for today. They [the staff] said I can't work out what we are doing today.' [They told me to] ask you.' As a result, young people's behaviour became heightened and they started to damage the doors. The acting manager again had to manage the situation, as the staff failed to support young people effectively. This does not demonstrate that all staff take responsibility for and have a proactive approach to managing day-to-day issues that allow them to build positive trusting relationships with young people.

Furthermore, staff do not consistently record all disciplinary measures used to manage young people's behaviours. Additionally, responses to challenging behaviour do not provide a consistent, positive message to young people. Consequences can sometimes be disproportionate, confusing and punitive, with no clear overview of why this decision has been agreed. For example, records indicate that a young person was distressed after contact and threw milk on her curtains. She was charged £1 a week. There was no explanation of why this measure was deemed appropriate or how and when this would be repaid. Records do not show that the sanctions given resulted in the young person learning from her actions. Managers do not have a consistent overview of all of the records or their appropriateness. This approach does not help staff to evaluate or identify the effectiveness of the measure used, nor help young people to make changes to their behaviours.

The acting manager has talked to all staff about the importance of education for all young people. He is starting to look at the education plans in place and has talked to staff and individual young people about the expected structure of their day if they refuse to attend. When young people experience difficulties in their education, staff liaise with teaching staff and arrange meetings, to look at any further support that the young person can access. In addition, when appropriate education placements have not been in place for young people, the acting manager has challenged the local authority to ensure that the most appropriate education provision is secured. This ensures that their education needs are met and shows that the provider has taken action to meet the requirement made previously.

The responsible individual has reviewed the recruitment process, taking time to ensure that all required information is in place for each individual staff member. Meetings have also taken place with the human resources department to ensure that they are all aware of safer recruitment expectations. This ensures that all staff are suitably vetted to work with young people and that suitable action has been

taken to meet this requirement.

A training matrix is now in place to ensure that staff have received training in the basic care needs of young people, safeguarding, first aid, medication and physical intervention. This demonstrates that the provider has taken some positive measures to equip staff with the necessary skills and knowledge to meet the individual needs of young people. However, there is limited noticeable impact at present, as serious errors are continuing to occur. For example, following incidents involving a young person 'fire starting', no action was taken to minimise risks or to pass on the information to any safeguarding professionals, including the acting manager or responsible individual. This does not demonstrate that training is informing practice appropriately and, thus, safeguarding young people.

No young people have been admitted to the home since the last inspection, and therefore it is not possible to assess progress in procedures for matching and suitability. The requirement made at the last inspection will be repeated. Staff have attended team meetings and supervision sessions and are pursuing appropriate qualifications and attending training, in order to have the knowledge necessary to care for young people. However, the shortfalls identified in this visit indicate that they do not yet have the skills necessary to provide safe and effective care that helps young people to make progress. Previous requirements will be repeated with an additional requirement in regards to the safe recording and administration of medication.

Information about this children's home

This is a local authority home for four young people who have emotional and/or behavioural difficulties.

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
<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</p> <p>(1) that children receive care from staff who</p> <p>(a) understand the children's home's overall aims and the outcomes it seeks to achieve for children;</p> <p>(b) use this understanding to deliver care that meets children's needs and supports them to fulfil their potential.</p> <p>(2) In particular, the standard in paragraph (1) requires the registered person to</p> <p>(a) understand and apply the home's statement of purpose;</p> <p>(b) ensure that staff</p> <p>(i) understand and apply the home's statement of purpose;</p> <p>(ii) protect and promote each child's welfare;</p> <p>(iii) treat each child with dignity and respect;</p> <p>(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.</p>	22/09/2016
<p>10: The health and well-being standard</p> <p>In order to meet the health and well-being standard, the</p>	22/09/2016

<p>registered person must ensure</p> <p>(1)(a) the health and well-being needs of children are met;</p> <p>(b) children receive advice, services and support in relation to their health and well-being.</p> <p>(2) In particular, the registered person must ensure</p> <p>(a)(i) that staff help each child to achieve the health and well-being outcomes that are recorded in the child's relevant plans.</p>	
<p>12: The protection of children standard</p> <p>In order to meet the protection of children standard, with particular reference to ensuring that staff take action to protect children when they consider them to be at risk of child sexual exploitation, the registered person must ensure that staff</p> <p>(2)(a)(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>(iii) have the skills to identify and act upon signs that a child is at risk of harm;</p> <p>(v) understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person;</p> <p>(vi) take effective action whenever there is a serious concern about a child's welfare; and</p> <p>(vii) are familiar with, and act in accordance with, the home's child protection policies;</p> <p>(b) that the home's day-to-day care is arranged and delivered so as to keep each child safe and to protect each child effectively from harm;</p> <p>(e) that the effectiveness of the home's child protection policies is monitored regularly.</p>	<p>22/09/2016</p>
<p>13: The leadership and management standard</p> <p>In order to meet the leadership and management standard, the registered person must ensure</p> <p>(1) that the registered person enables, inspires and leads a culture in relation to the children's home that</p>	<p>22/09/2016</p>

<p>(a) helps children aspire to fulfil their potential; and</p> <p>(b) promotes their welfare.</p> <p>(2) In particular, the standard in paragraph (1) requires the registered person to</p> <p>(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> <p>(b) ensure that staff work as a team where appropriate;</p> <p>(c) ensure that staff have the experience, qualifications and skills to meet the needs of 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>(h) use monitoring and review systems to make continuous improvements in the quality of care provided in the home.</p>	
<p>14: The care planning standard</p> <p>In order to meet the care planning standard, the registered person must ensure that children</p> <p>(1)(a) receive effectively planned care in or through the children's home; and</p> <p>(b) have a positive experience of arriving at or moving on from the home.</p> <p>(2) In particular, the standard in paragraph (1) requires the registered person to ensure</p> <p>(a) that children are admitted to the home 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;</p> <p>(c) that each child's relevant plans are followed.</p>	22/09/2016
<p>16: Statement of purpose</p> <p>The registered person must keep the statement of purpose under review and, where appropriate, revise it; and notify HMCI of any</p>	22/09/2016

<p>revisions and send HMCI a copy of the revised statement within 28 days of the revision. (Regulation 16(3)(a)(b)).</p>	
<p>23: Medicines</p> <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, the registered person must ensure that a record is kept of all of the medication in the home and the details for the administration of medicine to each young person. (Regulation 23(1)(2)(c))</p>	
<p>35: Behaviour management policies and records</p> <p>The registered person must prepare and implement a policy (‘the behaviour management policy’) which sets out</p> <p>(1)(a) how appropriate behaviour is to be promoted in the children's home; and</p> <p>(b) the measures of control, discipline and restraint which may be used in relation to children in the home.</p> <p>(2) The registered person must keep the behaviour management policy under review and, where appropriate, revise it.</p> <p>(3) The registered person must ensure that</p> <p>(a) within 24 hours of the use of a measure of control, discipline or restraint in relation to a child in the home, a record is made which includes</p> <p>(i) the name of the child;</p> <p>(ii) details of the child's behaviour leading to the use of the measure;</p> <p>(iii) the date, time and location of the use of the measure;</p> <p>(iv) a description of the measure and its duration;</p> <p>(v) details of any methods used or steps taken to avoid the need to use the measure;</p> <p>(vi) the name of the person who used the measure (‘the user’), and of any other person present when the measure was used;</p> <p>(vii) the effectiveness and any consequences of the use of the measure; and</p> <p>(viii) a description of any injury to the child or any other person, and any medical treatment administered, as a result of the</p>	<p>22/09/2016</p>

<p>measure;</p> <p>(b) within 48 hours of the use of the measure, the registered person, or a person who is authorised by the registered person to do so ('the authorised person')</p> <p>(i) has spoken to the user about the measure; and</p> <p>(ii) has signed the record to confirm it is accurate; and</p> <p>(c) within five 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. (Regulation 35(1)(a)(b)(2)(3)(a)(b)(c))</p>	
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Recommendations

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

- Promote the development of safe, stable and secure relationships with staff that are central to the ethos of the home and support the development of secure attachments that, when appropriate, persist over time. In particular, take steps to strengthen staff skills in supporting and influencing children. ('Guide to the children's homes regulations including the quality standards', page 39, para 8.11)
- Ensure that staff provide appropriate boundaries in relation to their behaviour. Homes must also meet children's basic day-to-day needs and physical necessities. Staff should seek to meet the child's basic needs in the way that a good parent would, recognising that many children in residential care have experienced environments where these needs have not been consistently met. Doing so is an important aspect of demonstrating that the staff care for the child and value them as an individual. This is with particular regards to improving the conditions of young people's bedrooms. ('Guide to the children's homes regulations including the quality standards', page 15, para 3.7)

Information about this inspection

The purpose of this visit was to monitor the action taken and the progress made by the children's home since its last Ofsted inspection.

This inspection was carried out under the Care Standards Act 2000.

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