

Children's homes inspection – Full

Inspection date	21/09/2016
Unique reference number	SC062079
Type of inspection	Full
Provision subtype	Residential special school
Registered provider	The Children's Trust
Responsible individual	Dalton Leong
Registered manager	Helena D'Angelo
Inspector	Emeline Evans/Amanda Maxwell/Helen Humphreys

Inspection date	20/09/2016
Previous inspection judgement	Good
Enforcement action since last inspection	A monitoring visit was undertaken in June 2016 and requirements were made as a result of that visit.
This inspection	
The overall experiences and progress of children and young people living in the home are	Requires Improvement
There are serious and widespread failures that mean that children and young people are not protected or their welfare is not promoted or safeguarded, and their care and experiences are poor and they are not making progress.	
How well children and young people are helped and protected	Requires Improvement
The impact and effectiveness of leaders and managers	Requires Improvement

SC062079

Summary of findings

The children's home provision requires improvement because:

- The managers have focused on complying with the Care Quality Commission (CQC), which also regulates this setting, but with little regard to or application of the children's homes regulations. This has resulted in a very high volume of requirements, although some of these have only indirect impact on children and young people.
- The leaders and managers understand and recognise some of the weaknesses but have been slow to effect improvements.
- The responsible individual (a significant role in regulation) is a director within the organisation and does not directly supervise the manager of the children's home. Since April 2015, regulations have stipulated that this person should supervise the home, but this has not occurred. Nor has the person designated to the role been changed.
- Recruitment procedures have not been sufficiently thorough and, for one externally recruited post, no checks were retained in the home.
- Medication arrangements are generally good but have not always been consistently implemented.
- Care plans are health focused to the exclusion of social and cultural needs. Managers do not gather evidence to indicate whether young people are making progress from their starting points.
- Notification of significant events has not always been received by Ofsted within acceptable timeframes. Many notifications do not provide sufficient information to evaluate whether they were well or poorly handled. In addition, updates have not been provided.
- Internal reviewing systems have not identified or rectified weaknesses that were identified in this inspection. There are only limited efforts to support young people to pursue interests and hobbies.

The children's home strengths

- External monitoring systems have been revised and now bring good scrutiny and challenge to the children's home practice.
- Most staff in each of the houses were observed to have formed nurturing relationships with the young people. They are attentive and patient in their interactions with them.
- Families speak positively about the support and care provided in each of the houses.
- Young people are treated with respect, and high-quality personal care is given.
- Staff are very aware of the specific and complex vulnerabilities of each young person. Staff are trained in procedures relating to the young people's individual health needs.
- The management team has a vast knowledge of complex medical needs and gives timely, practical advice to the staff team on matters related to health.

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 person/s meet(s) 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>(1)(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. In particular, they must have targets in place to enable demonstration of progress made;</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 should address social needs and guide staff in how to meet them.</p>	04/11/2016
<p>7: The children's views, wishes and feelings standard:</p> <p>In order to meet the children's views, wishes and feelings standard, the registered person must</p> <p>(2)(c) keep the children's guide under review and seek children's comments before revising it.</p>	04/11/2016
<p>9: The enjoyment and achievement standard:</p> <p>In order to meet the enjoyment and achievement standard, the registered person must ensure</p> <p>(2)(a) that staff help each child to</p> <p>(i) develop the child's interests and hobbies;</p> <p>(ii) participate in activities that the child enjoys and which meet and expand the child's interests and preferences; and</p> <p>(iii) make a positive contribution to the home and the wider community.</p>	04/11/2016

<p>(b) that each child has access to a range of activities that enable the child to pursue the child's interests and hobbies.</p>	
<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 outcomes, set out in the home's statement of purpose. In particular, they must ensure that staff understand the regulations and work to them;</p> <p>(h) use monitoring and review systems to make continuous improvements in the quality of care provided in the home. In addition, development plans specific to the homes must be in operation, to enable timescales to be implemented and reviewed.</p>	04/11/2016
<p>16: Statement of purpose:</p> <p>(1) The registered person must compile in relation to the children's home a statement ('the statement of purpose') which covers the matters listed in Schedule 1.</p> <p>(3) The registered person must</p> <p>(a) keep the statement of purpose under review and, where appropriate, revise it.</p> <p>(5) Subject to paragraph (6), the registered person must ensure that the home is at all times conducted in a manner which is consistent with its statement of purpose.</p> <p>(6) Nothing in paragraph (5) or regulation 46 (review of premises) requires or authorises the registered person to contravene or not comply with</p> <p>(a) any other provision of these regulations or</p> <p>(b) any conditions in relation to the registration of the registered person under part 2 of the Care Standards Act 2000.</p> <p>(Regulation 16(1)(3)(a)(5)(6)(a)(b))</p>	04/11/2016
<p>20: Restraint and deprivation of liberty:</p> <p>Restraint in relation to a child, including restricting liberty of movement, must be necessary and proportionate. Specifically, ensure the record of when a high-handled closed door has been</p>	04/11/2016

<p>used includes all needed information to review the impact on the young person, and consider other ways (e.g. door alarm) to manage the behaviours which have prompted this practice. (Regulation 20(2))</p>	
<p>23: Medicines: 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, records must be clear and medicines awaiting disposal kept secure. (Regulation 23(1))</p>	04/11/2016
<p>26: Fitness of registered provider: (5) The requirements are that (a) the individual is of integrity and good character; (b) full and satisfactory information is available in relation to the individual in respect of each of the matters in Schedule 2; and (c) the individual is mentally and physically fit to carry on the home. (7) A responsible individual must (a) satisfy the requirements in paragraph (5)(a)(b)(c); and (b) have the capacity, experience and skills to supervise the management of the home, or the homes, in respect of which the responsible individual is nominated. (Regulation 26(5)(a)(b)(c)(7)(a)(b))</p>	04/11/2016
<p>32: Fitness of workers: (1) The registered person must recruit staff using recruitment procedures that are designed to ensure children's safety. (2) The registered person may only (a) employ an individual to work at the children's home; or (b) if an individual is employed by a person other than the registered person to work at the home in a position in which the individual may have regular contact with children, allow that individual to work at the home, if the individual satisfies the requirements in paragraph (3). (3) The requirements are that</p>	05/01/2017

<p>(a) the individual is of integrity and good character;</p> <p>(b) the individual has the appropriate experience, qualification and skills for the work that the individual is to perform;</p> <p>(c) the individual is mentally and physically fit for the purposes of the work that the individual is to perform; and</p> <p>(d) full and satisfactory information is available in relation to the individual in respect of each of the matters in Schedule 2. This is with specific reference to the following points in the regulation.</p> <p>(4) An individual who works in the children's home in a care role must attain or hold the required care role qualification by the relevant date. (Regulation 32(1)(2)(a)(b)(3)(a)(b)(c)(d))(4(a)(b)5(a)(b))</p>	
<p>33: Employment of staff:</p> <p>The registered person must ensure that all employees receive practice-related supervision by a person with appropriate experience. (Regulation 33(4)(b))</p>	04/11/2016
<p>36: Children's case records:</p> <p>The registered person must maintain records for each child in Schedule 3 and ensure that they are kept up to date. (Regulation 36(1)(a)(b))</p>	04/11/2016
<p>37: Other records:</p> <p>The registered person must maintain records in Schedule 4. This specifically relates to a record of the rosters of actual hours worked. (Regulation 37(2)(a))</p>	04/11/2016
<p>40: Notification of a serious event:</p> <p>The registered person must notify HMCI and each other relevant person without delay if a child protection enquiry is instigated or concludes, and ensure that there is management oversight to determine any other incident relating to a child which the registered person considers to be serious. (Regulation 40(4)(d)(e))</p>	04/11/2016

Recommendations

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

- Ensure that there is learning from safeguarding referrals and policies are revised. This specifically relates to ensuring that there is clear responsibility and accountability to staff in reporting relationships. ('Guide to the children's homes regulations including the quality standards', page 44, paragraph 9.19)
- Ensure that staff continually and actively assess the risks to each child and the arrangements in place to protect them. This specifically relates to carrying out impact risk assessments to determine the compatibility of children and young people and that these are reviewed when required. ('Guide to the children's homes regulations including the quality standards', page 42, paragraph 9.5)

Full report

Information about this children's home

This home is linked to the onsite non-maintained school. It provides holistic services for children with multiple disabilities and complex health needs. The school provides 52-week placements for learners and is, therefore, registered as a children's home. The registered children's home accommodates up to 33 young people, in single or twin bedrooms. The residential accommodation comprises three separate houses. At the time of this inspection, there were 27 residential children. The three houses are also registered with the CQC (with which the wider site comprising seven living houses is registered). An inspection by the CQC took place at the same time as this inspection.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
25/01/2016	Full	Good
22/06/2015	Interim	Sustained effectiveness
28/01/2015	Full	Good
12/12/2014	Full	Inadequate

Inspection judgements

	Judgement grade
<p>The overall experiences and progress of children and young people living in the home are</p>	<p>Requires Improvement</p>
<p>The service has been focused on meeting the health needs of children and the corresponding requirements of CQC regulation to the exclusion of compliance with children’s homes regulations. This has resulted in a high number of requirements through unmet regulations, some of which have more impact on children’s lives than others.</p> <p>Although the home is non-compliant with some regulations, many strengths were identified. Families speak positively about the support and care provided in each of the houses. Comments include, ‘It’s an invaluable service,’ and ‘I always feel welcomed here.’ Staff support young people to maintain contact with families and are available to support these arrangements and communicate any emerging health needs. Very good support is given to managing young people’s individual lifelong healthcare conditions. There are positive working relationships with consultants who work on site. Young people are treated with dignity and respect and receive high-quality personal care. Young people’s privacy is maintained, taking into account the intensive degree of support that young people require. Young people were consistently observed to be well cared for.</p> <p>Although care provided is individualised and supports the medical needs of young people, there is limited information provided to staff on how to promote social development. Staff report on areas of progress for young people. Staff report on areas of progress for young people. However this is with a health and education focus and does not encompass social functioning and achievement, for example participation in activities. This does not enable achievements to be measured and celebrated or guide staff to influence and support young people’s experiences. This has been recognised by the independent visitor but has yet to be implemented. Care plans contain imprecise language and, in some cases, fail to provide staff with sufficient information, for example on the use of specialised equipment.</p> <p>Staff work in partnership with parents and professionals to assess young people prior to their move into the home. This involves transitions into shared bedrooms. It is reported by managers that risks are considered and the practical arrangements for these moves are well managed. However, impact is not considered in any paperwork, to enable an effective review and a clear assessment of compatibility when young people are sharing a room.</p> <p>There are only very limited opportunities for young people to do things that they enjoy. Although there have been some group trips out, these are not regular. Young people are not systematically supported to have access to a range of activities that enable them to pursue interests and hobbies. The strong and</p>	

necessary focus on meeting young people’s health needs has been at the incidental exclusion of their social development.

The young people benefit from supportive relationships from particular committed and attentive staff members. Observations showed some trusting and fulfilling relationships between the young people and these staff.

	Judgement grade
How well children and young people are helped and protected	Requires Improvement
<p>Young people are not currently at risk of harm. However, their welfare is not being fully safeguarded.</p> <p>Recruitment procedures are not thorough, and processes do not evidence whether satisfactory exploration of information has taken place prior to staff commencing work. This is especially so with arrangements for the vetting and recruitment of staff, directors and contractors. The independent visitors who undertake monthly visits to the home have not been subject to any formal checks by the organisation. Sampling of additional staff and company director recruitment files show that there are inconsistencies in the implementation of the recruitment policy. Although there is a file audit being undertaken, this has yet to be completed. Among the staff recruited directly by the organisation, there is a lack of evidence to show that references have been ratified, and full employment histories have not been obtained.</p> <p>There are many practice, for example the wide spread use of bed rails, which superficially appear to be restrictions to liberty but are done exclusively for the safety of children. There are generic assessments pertinent to the use of specific equipment which is cross referenced into care plans evidencing the reasons why these are used. Recording of high-handled doors for one young person is recognised and recorded as a restraint. In practice this is used only briefly through the night if staff need to leave the corridor, and so ensures he is not at risk to himself outside his room. The record of this shows only the times used and does not confirm if he has slept through (which is understood to have been generally the case) or got out of bed. There has been no need for the use of any physical intervention in behaviour management.</p> <p>Significant work has been undertaken by some senior staff and all have staff undertaken workshops or have access to material to ensure they understand the implications of the Mental Capacity Act.</p>	

The safeguarding policy currently in operation requires updating because it does not have enough emphasis on the needs of young people who have disability. The senior managers report that they will be arranging training in additional vulnerabilities, including child sexual exploitation and radicalisation. Young people are not deemed as high risk in these areas. Young people have limited mobility, and the risk of them going missing is minimal: there have not been any instances since the last inspection. On discussion with staff, they demonstrated a sound understanding of whistleblowing processes. Since the last inspection, appropriate action has been taken, following safeguarding concerns. There has been an improvement in record-keeping following referrals to the local authority. The designated officer in the local authority feels that the relationship between the authority and the home is positive and that managers would and do contact the authority for advice when necessary. There is learning from referrals. However, guidance available with regard to staff relationships and the responsibility of staff to disclose information should be strengthened.

The application of the medication project has continued. This has now been rolled out to other houses in the organisation. This has focused on training in medication arrangements and reporting of incidents involving medication errors. This has resulted in learning and changes to practice, following any medication errors. However, the storage of medication awaiting disposal was in a communal area and not secure.

Staff are aware of the specific and complex vulnerabilities of each young person and they are trained in procedures relating to the young people's individual health needs. These include procedures for gastric feeding and emergency medication for young people at risk of having seizures. Staff appropriately contact and involve the on-site medical team when necessary.

All health and safety and fire checks are completed regularly. Effective maintenance systems ensure that the home remains safe for young people and all who visit.

	Judgement grade
The impact and effectiveness of leaders and managers	Requires Improvement
<p>The registered manager has been in post since December 2014. She has a level 4 qualification in leadership and management and is a registered nurse. The management team has vast knowledge and experience of complex medical needs and is able to advise staff to ensure that young people's health is a priority. In</p>	

recent months, the senior management team has concentrated its efforts on supporting the staff team to understand and evidence how it meets the CQC framework for inspection. During discussions, managers in the houses had limited understanding of the Children's Homes Regulations and were unable to evidence how they are meeting these regulations in practice. The leaders and managers understand and recognise some of the weaknesses but they have been ineffective in implementing change. Some requirements made at the last full inspection and monitoring visit have been repeated. Development plans do not focus on the regulations applicable to children's homes or identify an awareness of the issues raised in this inspection. The manager's review systems are ineffective in identifying weaknesses in implementing children's home regulations. The organisation has recently employed a new manager with social care experience; he has yet to be confirmed into post and the impact of this appointment has yet to be seen in practice. The responsible individual is a director within the organisation and does not directly supervise the manager of the children's home. His current role does not afford him the capacity to undertake this role as now envisaged in regulation, and a different responsible individual should be nominated.

A statement of purpose is in place and was revised in April 2016. It confirms the medical model and approach to care with little information relating to social care. It does not fulfil the regulatory requirements. The children's guide is currently under review to ensure that it is child friendly and gives an adequate description of what it is like to live in the home. This has yet to be produced and was not available for inspection.

The external monitoring systems have been revised, with a new visitor in this role, and processes are being scrutinised. The external monitoring now gives challenge and reflects an awareness of critical areas. There is now effective evaluation and monitoring of the support and care that young people receive, although it is too early to measure the impact of this on improving practice.

Staff performance is not well coordinated or consistent. Supervision records were not available, and minutes of staff meetings demonstrate that supervisions have not been regular. Therefore, not all staff members have the opportunity to reflect on their practice and to receive constructive feedback to improve standards. The differing expectations of supervision between nursing and social care professionals appear to have exacerbated this point.

Young people's files do not currently contain a copy of the plan for the care of the young person, prepared by the child's placing authority, or the placement plan. In addition, other necessary records are missing from young people's case files. The absence of information results in staff not having a reliable indication of the aims and outcomes to be achieved for the young people or a clear understanding of the progress that young people are making in respect of wider plans for them.

Recruitment processes have been underway to fill vacant posts. However, there are still a number of vacancies across the site. At the monitoring inspection, a requirement was made to have documentation available to reflect how the

assessment of staffing support has been carried out and, thus, the assessed staffing need for each child over a 24-hour period. This work is ongoing, but a sensitive tool which aggregates and analyses the volume of support needed shift by shift will, in due course, underpin the staffing of each house. In the meantime there are agreed levels of staff which are worked to. Managers maintain a computerised record of all hours worked.

Staff undertake essential training that contributes to their being able to understand and meet young people's complex needs. Young people benefit from effective working relationships between staff, parents and professionals from a range of services on site. This inter-agency relationship ensures that there is a holistic approach in meeting the specific needs of these young people. A number of staff have now been enrolled to complete the necessary level 3 qualification. However, not all staff have achieved this within the required timescale.

Notification of significant events has not always been received by Ofsted within acceptable timeframes. In addition, updates and detailed information have not been provided in all cases. The registered manager does not have oversight of all notifications sent to Ofsted, and a large majority contain very limited information, which was insufficient for the regulator to determine whether appropriate action had been taken.

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 whom 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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