

## **Children's homes – Interim inspection**

Inspection date	01/11/2016
Unique reference number	SC022448
Type of inspection	Interim
Provision subtype	Secure unit
Registered provider	Nugent Care
Registered provider address	99 Edge Lane, Edge Hill, Liverpool L7 2PE

Responsible individual	Anne-Marie Carney
Registered manager	Marie Higgins
Inspector	Paul Scott



Inspection date	01/11/2016
Previous inspection judgement	Requires improvement
Enforcement action since last inspection	None
This inspection	

### This inspection

# The effectiveness of the home and the progress and experiences of children and young people since the most recent full inspection

This home was judged requires improvement at the full inspection. At this interim inspection Ofsted judge that it has sustained effectiveness.

Young people's care, safety and well-being are given the utmost priority and are integral to all aspects of decision making. This was evident at the last inspection, when the responsible individual had put a hold on admissions to ensure that young people's needs could be safely met. This was in recognition of the need to increase the number and skills of core staff and reduce an over-reliance on agency staff. Positive gains in this respect have been made, with the home currently carrying only one staff vacancy. This, combined with a number of exceptionally challenging young people leaving, has resulted in a period of increased stability. However, following an increase in occupancy, staff have found themselves once again stretched due to the complexities of the behaviour presented by young people. Managers were quick to recognise and respond to this slippage and are being very selective about future admissions until a comprehensive review of the home's overall purpose and function is completed.

Care planning and care practice are based on rigorous assessment, monitoring and review. These processes are further strengthened by positive cohesive links with a range of professionals, including healthcare and mental health specialists. Staff use the expertise of these professionals to good effect. For example, strong links have been established with the diabetes specialist nurse, who provides direct support for young people as well as supporting staff in the management of the condition. This includes informing on safe procedures for the administration of medication, including self-administration. This practice is risk assessed and procedures have been put into place to ensure that good supervision is afforded during this process. However, risk assessments do not make reference to young people administering their own medication.

Young people benefit from the care and support of a highly resilient team of staff who demonstrate a strong commitment to meeting their needs and keeping them safe. Staff have had to manage some very complex and challenging behaviour. At times, the use of physical restraint has been necessary to ensure that young people and others are kept safe. This is always as a last resort, is carried out in line with regulations and in a caring and sensitive manner.



Due consideration is given to the experience and skills of staff when planning rotas, and a number of changes have been made to the teams in each unit to achieve the right balance. This is essential when planning the care of this highly complex and challenging cohort of young people. The reduction in numbers, combined with full occupancy staffing levels being maintained, has made it possible to manage the dynamics better through an individualised approach. Although still very challenging, young people are becoming much more settled. Incidents of challenging behaviour are slowly being reduced in terms of their severity, and levels of positive engagement with staff are increasing. Signs of this were evident on the day of the inspection, when staff and young people excitedly celebrated Halloween, which included dressing up, face painting and 'trick or treating'.

Young people are mostly positive about their experiences at the home and identified the care, tolerance and support of staff as being some of the most important things for them. One young person said, 'I know I can be a real pain, but staff have stuck by me. I can't wait to leave, but they have really helped me to sort myself out. I will miss having them around when I am gone.' Her social worker said, '(Name) has made real progress. Staff have done well to manage her issues, because she is difficult to engage. They have done what they needed to do by keeping her safe and breaking the cycle of behaviour which led to her being here.'

Senior managers are acutely aware of the need to improve and are diligent in their efforts to achieve this. They recognise that wholesale change will take time and demonstrate a strong commitment to making the necessary improvements. They are extremely child focused and have high aspirations for the future of the centre. Part of this process is the restructuring of the management team, which is currently underway. Inherent in these changes is an emphasis on developing roles and responsibilities, increasing levels of accountability and addressing issues of underperformance. The recent introduction of the service development officer role, which is primarily a middle-management quality assurance role, will support this aim and demonstrates senior managers' commitment.

There has been a real effort to develop staff skills. Good training, in particular in trauma training, continues to raise staff's awareness of topics such as the impact of abuse, sexual exploitation and self-harm, developing their ability to work with young people well. Staff are highly complimentary about this training and say how it is helping them to understand better why young people behave in the way that they do. They say that it enables them to work in a reflective, sensitive and insightful manner. It is too early to see the real benefits of this approach, which is being considered as the adopted model of practice for the future.

Four of the six requirements and five of the six recommendations from the previous inspection have been fully addressed. Arrangements for storing, administering and recording medication have been improved. This has improved young people's safety through a reduction in the number of 'near misses'. Further rigour is added through good auditing processes that quickly pick up on discrepancies. On the small number of occasions that 'near misses' have happened, managers have dealt



with these robustly.

Records pertaining to allegations against staff are better organised and now contain all of the relevant documentation. This includes a clear record of the outcome. There have been five allegations since the last inspection. All have been referred externally and appropriately managed, in line with the local authority's and the home's procedures.

As mentioned previously in this report, staffing is almost at a full complement. Agency staff are still being used, but in most cases this is in addition to the number of staff required relative to the number of young people in residence. The manager is in the process of reviewing the current staffing model in light of the challenges that the home continues to face, despite a nearly full complement of staff.

Staff demonstrate an improved understanding of the importance of being vigilant to potential self-harm risks. This was evident during this inspection, when units were found to be free from avoidable hazards. A range of daily checks are completed to ensure that the risk to young people is minimised. For example, cutlery is checked and counted at frequent intervals during each day. However, the records relating to these checks are inconsistent and a significant variation was found in the quality of recording between the two units. For example, in one unit there were a number of gaps in the records on 16 days throughout the month of October 2016.

Single separation continues to be used in line with regulations. However, the records continue to vary in quality. While there is an obvious improvement in the recording of the type and duration of the separation, other gaps were identified. For example, a large number of these records have been reviewed and signed off by the deputy manager without any evidence that the use of this measure of control has been evaluated for effectiveness.

A new independent visitor was appointed shortly after the last inspection. Her knowledge and background are relevant to the secure estate and have brought about an increased level of critical scrutiny. The manager has welcomed this level of expertise and is diligent in her efforts to address identified shortfalls, which are fed into the overall improvement plan. Day-to-day monitoring has also improved, in particular the management oversight of staff practice. However, there is a need to improve monitoring systems further to ensure that records are completed in line with the home's policies and regulations. Some work in this area is being done as the organisation is on the verge of introducing an electronic system for managing all records in the home. Managers are optimistic that this will streamline recording processes, making it easier to coordinate and evaluate records.

Staff absence and the demands brought about by the need to focus on the management of young people mean that some staff are not receiving regular formal supervision. This means that staff are not being given the opportunity to reflect on their practice routinely, recognise young people's progress or consider



their responsibilities for the continued development of the service. Managers recognise that this is an essential component of supporting staff through change and an essential part of developing the service.

Staff have attempted to reintroduce weekly group forums, but these continue to be ad hoc due to the challenges and needs of the young people. When they have taken place, records are maintained and now include any action taken by staff as a result of young people's requests. This shortfall is offset by the range of opportunities that young people are given on an individual and small-group basis. For example, they choose their activities and have the opportunity to influence the menus regularly.

Changes to how young people access complaints forms have been made. These are now available in each unit, and young people are provided with copies of the forms and envelopes that they can keep in their room. This means that young people can now raise concerns without asking staff.

There has been an increased emphasis on restorative responses to negative behaviour. Young people confirmed that staff talk to them about their behaviour and try to encourage them to behave in a sociably acceptable manner. On the rare occasions that sanctions are used, they are now both proportionate and relate to the misdemeanour.



### Information about this children's home

The centre is operated by a voluntary organisation. It is registered as a secure children's home and is approved by the Secretary of State to provide secure care and accommodation. Education is provided on site in dedicated facilities.

The centre can accommodate 12 young people of either gender, from 10 years to 17 years of age, in two purpose-built living units. Admission of a young person under 13 years of age requires the approval of the Secretary of State.

### **Recent inspection history**

Inspection date	Inspection type	Inspection judgement
10 May 2016	Full	Requires improvement
25 November 2015	Full	Good
25 June 2015	SCH - Interim	Improved effectiveness
28 January 2015	Full	Good



### 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
13: The leadership and management standard	12/12/2016
In order to meet the leadership and management standard, in particular paragraph (1), the registered person must: (2)(h) use monitoring and review systems to make continuous improvements in the quality of care provided in the home.	
This is with specific reference to managers ensuring that all aspects of staff recording, in particular those relating to behaviour management and young people's safety, are reviewed in line with the home's policies and procedures and the regulation.	
The registered person must ensure that, following the use of a measure of control, discipline or restraint in relation to a child in the home, a full and complete record of the incident is made; and that within 48 hours of the use of the measure, the registered person, or a person who is authorised by the registered person, has spoken to the user about the measure and signed the record to confirm it is accurate. (Regulation 35(3)(a)(b))	12/12/2016
The registered person must ensure that all employees receive practice-related supervision by a person with appropriate experience to the frequency set out in the home's policy. (Regulation 33(4)(b))	12/12/2016

#### **Recommendations**

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

■ The registered person must ensure that children's individual risk assessments clearly outline the agreed procedures for staff to follow for those children who take their own medication. ('Guide to the children's homes regulations including the quality standards', page 35, paragraph 7.16)



### What the inspection judgements mean

At the interim inspection we make a judgement on whether the home has improved in effectiveness, sustained effectiveness, or declined in effectiveness since the previous full inspection. This is in line with the 'Inspection of children's homes: framework for inspection'.

### 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 focused on the effectiveness of the home and the progress and experiences of children and young people since the most recent full inspection.

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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