

Children's homes – Interim inspection

Inspection date	05/12/2016
Unique reference number	SC394025
Type of inspection	Interim
Provision subtype	Residential special school
Registered provider	The National Centre for Young People with Epilepsy
Registered provider address	NCYPE, St. Piers Lane, Lingfield, Surrey RH7 6PW

Responsible individual	Carol Long
Registered manager	Post vacant
Inspector	Emeline Evans/Jennie Christopher/Amanda Maxwell

Inspection date	05/12/2016
Previous inspection judgement	Requires improvement
Enforcement action since last inspection	None
This inspection	
<p>The effectiveness of the home and the progress and experiences of children and young people since the most recent full inspection</p> <p>This home was judged requires improvement at the last full inspection. At this interim inspection Ofsted judge that it has declined in effectiveness.</p> <p>Inspectors were aware during this inspection that child protection allegations pertaining to the setting were being investigated by the appropriate authorities. Actions taken by the setting in response to incidents were considered, alongside the other evidence available at the time of the inspection, to inform inspectors' judgement.</p> <p>Since the last inspection, serious allegations have been reported to the necessary professionals by the organisation. The senior management team took swift action when information was shared. Risk assessments relating to the staff mentioned in the whistleblowing statements were completed, and for some of the staff team on shift when allegations were made were compiled, but this was not done for all of the staff team and nor were they all completed immediately. There was no deliberation about completing risk assessments for the supervising staff. The risk assessments in operation are identical and do not contain sufficient strategies to eliminate risks. In addition, when decisions have been made to move staff to other houses, these risk assessments have not been reviewed. Since these allegations were made, new information, some of it very concerning, has been brought forward to senior staff through the complaints procedure from external sources. These concerns have not been referred on to external safeguarding agencies. There was no consideration to share this information or what risk factors this presents to young people. Furthermore there has been no exploration of young people's distressed behaviours (as described in complaints) when to do so would help evaluate what is going on. The senior leadership team has not demonstrated an attitude of 'it could happen here' within their evaluation of safeguarding concerns. This approach does not protect young people. This is at the centre of the decline since the last inspection. Staff supervision records sampled indicate that concerns relating to staff practice, as reported by some individuals to senior staff, had not been shared with the safeguarding team or senior managers. When staff have reported concerns to their supervisors these have not been acted upon to protect young people.</p> <p>Formal supervision arrangements for staff have been inconsistent and have not taken place in line with the organisation's policy. As a result, staff are not being</p>	

adequately supported to reflect on and improve their professional practice. Although staff in one of the houses have had senior leadership support in recent months, there has been a lack of formal supervision. Staff have not received an annual appraisal. Systems do not provide staff with the support, guidance and monitoring they need to ensure that each young person receives high quality care. Although supervision training for managers is being rolled out, this has yet to have impact on practice. The independent visitor is currently undertaking this training for staff. The organisation needs to consider if this enables the visitor to be independent and reach a rigorous and impartial judgement on the quality of care, as they are not employed solely for the purpose of quality assurance.

Inspectors were unable to evidence a sufficient audit trail for complaints received. Information available lacks detail from instigation to outcome. Complaints have not been handled in line with the organisation's policy. Parents do not feel that their concerns have been properly acted upon. Due to the lack of information, it is not possible to check whether appropriate action has been taken to resolve issues satisfactorily.

Progress for young people has been mixed. One of the houses has been described by staff and managers as being in 'crisis' since October. Over the last two months, staffing has been inconsistent in one of the houses, which has resulted in medication errors and limited outcomes for young people. Action is now being taken to ensure some consistency of staff and an action plan is in place. Staff have been focused on keeping the young people safe and therefore young people's individual goals have not been a priority. Staff morale is low, and staff confirm that there are insufficient permanent staff within the houses. The senior team is actively trying to recruit into the vacant positions. They have recognised the need to review this constantly and to consider how they can better retain staff. However, due to vacancies, staff suspensions, maternity cover and long-term sick leave there is currently a vacancy rate of 24%. There are not currently sufficient staff to provide a safe level of care across the site.

There have been medication errors since the last inspection. These have been reviewed and remedial action has been taken. However, the shift leader checklist to ensure that medication is given has still not been implemented effectively. Due to low staffing levels, the shift leader is also the staff member responsible for administering medication. This is not ideal because of their competing responsibilities.

Since the last inspection, young people's risk assessments have been individualised. This gives staff clear information about what the risks are and a direction for how to minimise them. Staff have received training in implementing risk assessments, which has identified the need to consider age-appropriate risk. This has given the staff team the skills to be able to take into account freedom of movement for the young people.

Senior managers have gained advice from an interior designer to look at the

environment being created for the young people in the houses. There is a 'house-to-home' project in operation. Each of the houses is beginning to feel more homely, with managers having received some finances in the short term until long-term developments take place. Maintenance work has taken place to ensure that young people are not exposed to avoidable hazards. The fire evacuation plans have been amended and staff know the fire evacuation arrangements. Staff have greater awareness of how to respect young people's privacy.

Because of the priority within this inspection to focus on safeguarding arrangements, some recommendations made at the last inspection were not fully explored. These have therefore been repeated. A number of previous requirements have now been met, but some have yet to be fully actioned. A template has now been formulated to appraise the risks when young people move between houses or into the home for the first time. However, these have yet to be implemented, and there is no opportunity for parents, the nursing or the psychology teams to have an input into these. This limits the value of the assessment of suitability.

Young people may need listening devices for health reasons, including epilepsy. There has been some attempt to gain agreement from placing authorities for the use of surveillance in bedrooms. However, this has not been obtained. In some young people's files, it was not evident if this has even been attempted.

Internal and external monitoring systems are beginning to give challenge. External monitoring is scrutinising processes and gives an awareness of some of the weaknesses in the homes. However, recommendations are frequently repeated, indicating that managers are unable to prioritise and implement the issues raised.

Since the last full inspection, a new manager has been appointed and she is currently in the process of registering with Ofsted. The senior management team has been restructured and managers are still identifying and redeveloping practices and processes. They are aware and recognise that changes have not had the impact they desired. Senior managers are in the process of bringing external resources into the organisation to develop and explore the culture and ethos within the houses. There is consultation taking place to consider the management arrangements in each of the houses, to look at improved accountability.

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, autistic spectrum disorder, complex health needs and physical disabilities, are accommodated; in four houses the homes this is for term time only and in others it is for 52 weeks of the year. Young people who stay at the home do not necessarily have a diagnosis of epilepsy.

An adult college and some houses which are exclusively for 18- to 25-year-old people 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
09/08/2016	Full	Requires improvement
23/02/2016	Interim	Sustained effectiveness
13/10/2015	Full	Requires improvement
27/02/2015	Full	Outstanding

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>12 The protection of children standard</p> <p>In order to meet the protection of children standard, the registered person is required to ensure:</p> <p>(2)(a) that staff:</p> <p>(vi) take effective action whenever there is a serious concern about a child's welfare;</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 as to keep each child safe and to protect each child effectively from harm.</p> <p>(Regulation 12 (2)(a)(vi)(vii)(b))</p> <p>This specifically relates to completing and reviewing risk assessments on staff following allegations in a timely manner.</p>	16/01/2017
<p>13: The leadership and management standard</p> <p>In order to meet the leadership and management standard, (2) the registered person is required to:</p> <p>(d) ensure that the home has sufficient staff to provide care for each child;</p> <p>(h) use monitoring and review systems to make continuous improvements in the quality of care provided in the home.</p> <p>(Regulation 13 (2)(d)(h))</p>	16/01/2017
<p>14: The care planning standard</p> <p>In order to meet the care planning standard (2) the registered person is required to ensure:</p> <p>(a) that children are admitted in to each of the homes 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>(Regulation 14 (2)(a))</p> <p>This specifically relates to carrying out impact risk assessments to</p>	16/01/2017

determine suitability of placements within house groups.	
<p>24: Monitoring and surveillance</p> <p>Ensure devices are only used for the monitoring and surveillance of children if: the child's placing authority consents in writing to the monitoring or surveillance. (Regulation 24 (1)(b))</p>	16/01/2017
<p>Ensure that all employees receive practice-based supervision by a person with appropriate experience and have their performance and fitness to perform their roles appraised at least once every year. (Regulation 33 (4)(b)(c))</p>	16/01/2017
<p>Ensure that any record is made of any complaint, the action taken in response, and the outcome of any investigation. (Regulation 39 (3))</p>	16/01/2017

Recommendations

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

- Ensure all staff are aware of and follow the home's policies and procedures. In particular, 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 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)
- Ensure that, wherever possible, staff in day-to-day contact with children should include staff from different gender groups. With particular reference to awareness of staff deployment. ('Guide to the children's homes regulations including the quality standards', page 54, paragraph 10.22)
- Ensure shift leaders or another relevant person are monitoring medication arrangements. ('Guide to the children's homes regulations including the quality standards', page 54, paragraph 10.21)

- Ensure the independent person is employed solely for the purpose of quality assurance within the home. ('Guide to the children's homes regulations including the quality standards', page 65, paragraph 15.7)

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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