

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

Inspection date	24/11/2016
Unique reference number	1027158
Type of inspection	Full
Provision subtype	Children's home
Registered provider	Unique Care Homes Support Limited
Registered provider address	Holland House, 1–5 Oakfield Sale, Cheshire M33 6TT

Responsible individual	Joanne Murray
Registered manager	Angela Coulson
Inspector	Debbie Young



	24/44/2046	
Inspection date	24/11/2016	
Previous inspection judgement	N/A	
Enforcement action since last inspection	None	
This inspection		
The overall experiences and progress of children and young people living in the home are	Good	
The children's home provides effective services that meet the requirements for good.		
How well children and young people are helped and protected	Good	
The impact and effectiveness of leaders and managers	Good	



### 1027158

## **Summary of findings**

### The children's home provision is good because:

- The manager is supportive of her team and staff morale is good. The home is well led and the manager is committed to providing a good level of care to the children.
- The children are attending education and making good progress with their own targets, therefore their future life chances improve significantly.
- Staff provide a nurturing environment, enabling children's self-esteem to improve and develop. The incidents of self-harm are reducing.
- Staff listen to and value children's views. Children are encouraged to contribute to the running of the home and participate in weekly community meetings.
- Staff implement boundaries and consequences in a consistent way. The children respond well and incidents of challenging behaviour are reducing.
- The key-working sessions are regular and of good quality. The sessions follow a recognised model which supports the children to identify goals in their own lives.
- Children are able to identify a trusted adult and know how to complain if they wish to. They have good relationships with staff, and feel listened to and valued.
- When children go missing, staff take appropriate action to locate them. Joint protocols are in place and are followed effectively.
- Staff support children to manage their specialist health needs.
- A number of children smoke tobacco, yet staff do not adopt a consistent and robust approach to support the children to address this.
- The recording of debriefings following physical intervention and the duration of the intervention is not clear in the documentation.
- Risk assessments are in place for children on admission. However, there are no specific impact documents. Therefore, there is no evidence that the impact of the dynamics of the children in the home is fully considered.



## 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 with the given timescales.

Requirement	Due date
When the independent person is carrying out a visit, the registered person must help the independent person, if they consent, to interview in private such of the children, their parents and relatives as the independent person requires. (Regulation 44(2)(a))	30/01/2017

#### Recommendations

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

- Ensure that all staff encourage children to take a proactive role in looking after their day-to-day health and their well-being. ('Guide to the children's homes regulations including the quality standards', page 34, paragraph 7.10) In particular, ensure that there is ongoing and robust support in place to enable the children to reduce or stop their use of tobacco.
- Ensure that a record that the child has talked about their feelings following an incident of restraint is made no longer than five days after the incident of restraint (regulation 35(3)(c)). Children should be encouraged to add their views and comments to the record of restraint. ('Guide to the children's homes regulations including the quality standards', page 50, paragraph 9.60)
- Ensure that placements for children are only accepted where managers are satisfied that the home can respond effectively to the child's assessed needs as recorded in the child's relevant plans and where they have fully considered the impact that the placement will have on the existing group of children. ('Guide to the children's homes regulations including the quality standards', page 56, paragraph 11.4)

In particular, this relates to ensuring that there is a record of the assessment of group dynamic risks and reduction measures.



## **Full report**

### Information about this children's home

This home is one of three children's homes run by a private organisation, which also operates a school. The home provides accommodation for up to six children who may have emotional and/or behavioural difficulties.

## **Recent inspection history**

Inspection date	Inspection type	Inspection judgement
06/01/2016	Full	Good



### **Inspection judgements**

	Judgement grade
The overall experiences and progress of children and young people living in the home are	Good

Children who were not previously engaging with education now have individual education plans and are making good progress. The children attend mainstream school and other local provisions. There is a clear message that the children need to engage with education, and this is a strength of the home. The staff support the children by transporting them to and from school and ensuring that good communication is in place. A vice-principal said, 'They have always been very good and very supportive. I have only good things to say about them.' One child has chosen his options and is now working towards his GCSEs, and another child has received an award for high attendance. Children are continuing to learn and develop, improving their future opportunities.

Children have positive relationships with the staff, who spend time listening to them and getting to know their likes and dislikes. The home is safe and the staff are nurturing. The children are happy and relaxed, and this enables them to start to overcome some of their life experiences and trauma. One child said, 'I get on really good with the staff. When I first came, this was my first experience of a children's home and I was, like, I'm not staying here. I ran away a few times, but now I am still here and it's OK, it is homely and it's not like a children's home at all – it is nice.'

Support is in place to enable children to have friendships outside of the home. A child who was withdrawn and quiet now presents as a happy teenager who enjoys sleepovers with his friends. His social worker said, 'This placement has been excellent for him. He is a model child, as his outcomes have been so good. He has blossomed.' Children's confidence and self-esteem continue to go from strength to strength.

The children engage in a number of activities that they enjoy. The staff are aware of the children's individual interests and are flexible and forward thinking about how the children can access every opportunity. Support is in place for one child to continue to attend Army Cadets weekly, and this is helping him to achieve his goal of joining the army in the future. During a camping trip to Snowdonia, the children climbed a mountain with staff and were encouraged to mentally and physically push themselves. Children have access to opportunities which give them the confidence to participate in activities outside of their comfort zone.

Children are able to share their views and contribute to the home within the weekly meetings. They choose their menus, and suggest activities and changes to the decoration of the home. Staff manage these meetings well, making sure that all of



the children have an equal opportunity to share their views.

The children display challenging behaviours and are all teenagers, but are able to live together while being respectful of difference.

Although the environment is large, it has a homely feel. The kitchen and the large dining table are the hub of the home, with discussions, meals and community meetings all taking place at the table. The children are encouraged to contribute to the running of the home, which reinforces the family and community feel that all are included and that they are an important part of the home. Children respond well to this, and it gives them a sense of responsibility and belonging.

The staff listen to and act on the wishes of the children. Children feel that they are able to talk to staff and can identify people whom they can talk to and trust. They are confident that they know how to complain and will do so if they are not happy.

A psychologist provides support to the home through regular telephone calls, emails and visits. A recognised approach is used in key-working sessions. This model helps the children to identify specific targets to work towards to make changes in their lives. This promotes their positive emotional well-being. There is a clear understanding by the staff that helping the children to unravel some of their experiences helps the children to reduce risk-taking behaviours. Children are settled and more emotionally stable, and self-harming behaviours have reduced.

Support is in place to promote contact between the children and those who are important to them. Staff communicate with family members on a regular basis. They support the children with transport arrangements and ensure that agreed contact schedules are in place. Family inclusion is good and contributes to the positive experiences of the children, enabling them to build on these relationships.

Some of the children have specialist health needs. Support is in place to help to manage these by ensuring that the children attend specialist health appointments. There are clear records of health needs, and individual plans are in place to monitor and support the children. Managers address and challenge any delays in health services.

Some of the children smoke tobacco, and support is in place through key-working sessions to encourage them to reduce or stop smoking. There is little evidence to suggest that this support includes ongoing advice from the looked after nurse or smoking cessation clinics. Currently, the support does not go far enough to help the children to look after their day-to-day health and well-being.



	Judgement grade
How well children and young people are helped and protected	Good

Children are safe and secure at the home. Each child has a safety plan and an individual crisis behaviour plan. These plans include triggers and avoidance measures. There is increased monitoring to meet individual needs and updated information is added in response to incidents. These plans are thorough and reviewed regularly by the manager and staff. This contributes to the reduction in risk-taking behaviours.

Children have complex needs and a history of absences from their previous placements. There are incidents when children are absent from the home, but these are well managed by the staff. Staff actively look for the children and follow the home's protocol. There is local intelligence sharing with police and communication is good. The police visit the home and describe it as welcoming. There are links with a specialist child sexual exploitation agency, whose staff visit the children at the home. This multi-agency approach is effective in safeguarding children.

The staff use and clearly record sanctions and consequences to reinforce acceptable behaviour. The records outline the action taken and the views of the children. The manager reviews the records to ensure that the measures used are fair and proportionate. Staff spend time with the children talking to them about their behaviours, helping them to self-regulate and develop self-control. A child said, 'I feel safe and secure here. They do look out for me.'

Staff use de-escalation techniques in response to unwanted behaviours. When these techniques are not effective, staff use physical intervention as a last resort. On child said, 'They do really well, they do the best that they can and they will not use this [restraint] unless they have to, and they will always try to calm you down first.' Support is in place to enable the children to manage their emotions and feelings in a safe way. However, the recording of the physical interventions does not provide sufficient detail regarding debriefings and the duration of the intervention.

The staff are subject to safe recruitment processes, references are verified and relevant checks made. Some of the children are at an increased risk of child sexual exploitation. Staff are able to demonstrate that they have a good knowledge of safeguarding, and that they are clearly able to recognise the signs of child sexual exploitation and the actions required to protect the children in their care. All of the children say that they have 'really good' relationships with their key workers and are able to talk to them about their worries or concerns.



The manager completes comprehensive risk assessments prior to admissions. Placement matching referral forms are completed and the staffing ratios for each child are made clear. There is a consideration of the dynamics of the home within the manager's supervision. However, specific impact assessment records are not in place, therefore specific risky behaviours that may impact on the group dynamics are not systematically addressed and analysed. This means that a potential new admission may destabilise the dynamics of the home.

There is a swift and robust response to allegations. The registered manager makes contact with the local authority designated officer and seeks advice. The manager has completed a thorough safeguarding investigation and implemented robust plans to reduce the likelihood of any future occurrence. This includes a procedure adopted by all staff in the evening. The designated officer for the local authority said, 'The manager dealt with this very efficiently. She quickly had a plan together and was dealing with the matter. She took on board advice and took the matter really seriously. My contact with her has been positive, very responsive and appropriate.'

Staff have radios to communicate and complete hourly checks. The home is large and within a rural area, and appropriate practical arrangements are in place to monitor the children and ensure that they are safe.

There is a clear message that incidents of bullying are not tolerated. There are anti-bullying leaflets accessible to the children, placed around the home on noticeboards. Individual staff members are 'bully busters', which means that they are identified adults whom the children can go to if they are concerned. This further reassures children that they are able to discuss their concerns discreetly with staff.

	Judgement grade
The impact and effectiveness of leaders and managers	Good

The registered manager has been in post since the home opened in September 2015. She is a committed and dedicated manager who is qualified to level 5. Eligible staff are qualified to level 3. Staff morale is good and the staff speak highly of the manager. A staff member said, 'The manager is amazing and there for me every step of the way.'

The manager continually drives forward improvement, and takes advice and feedback on board. The manager and staff team work well with other agencies and professionals, sharing information to support the children and prioritising their needs. The manager monitors the care of the children through ongoing communication and monthly reports. She is very much involved in the day-to-day running of the home, making sure that she views the log book and is present at



#### handovers.

The independent visitor engages with the children and spends time with them at the home during every visit. The visitor gives consideration to how well the staff safeguard the children, and the monthly report identifies any resulting actions. This drives improvement and ensures that the children receive a service that meets their needs and keeps them safe. However, there is a lack of consistent evidence of feedback from families within these reports, which do not fully represent their views of the service.

The clear staffing structure works well. The staff have sufficient skills and training to provide a good level of care to children who have complex needs and challenging behaviours. Staff members communicate effectively with each other and the children. Regular supervision takes place and staff feel well supported. There is continued promotion of their professional development.

The staff team is diverse and has a number of skills that staff use to work effectively with the children. One staff member has a qualification in children and adolescent counselling, while another staff member has a background in the armed forces. The various experiences of the staff team aid communication through shared interests and skills. One child is keen to join the armed forces and it has been beneficial for him to have support regarding this.

There is a good induction programme in place for new staff. This includes shadowing and becoming familiar with the policies and procedures. There is frequent supervision in place, providing increased support and monitoring. A staff member said, 'I have supervisions regularly and they are all up to date. I do find them useful. The manager is my supervisor and she is a very supportive manager.'

The manager ensures that there is an inclusive approach with all agencies involved with the children. A newly allocated social worker said, 'They have built a really good relationship with me and have accepted me, which has worked well.' A therapist from the local authority said, 'I visit a lot of children's homes so I will say if I am concerned, as I know what is good and what isn't. They are very warm and welcoming, and the children are relaxed. Staff interaction with the children is very good.'

Children attend and participate in their meetings. Child-focused and comprehensive reports are provided for every looked after review meeting, and these are discussed with the child beforehand. Staff have a clear involvement with the child's plan and discussions take place regarding support for the children's future transitions. Professionals describe the contribution of the staff as supportive for the children.



### 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 looked after children 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 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 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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Textphone: 0161 618 8524 E: <a href="mailto:enquiries@ofsted.gov.uk">enquiries@ofsted.gov.uk</a>

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