

Children's homes inspection – Full

Inspection date	24/11/2016
Unique reference number	SC425985
Type of inspection	Full
Provision subtype	Children's home
Registered provider	Autism Initiatives (UK)
Registered provider address	7 Chesterfield Road, Liverpool L23 9XL

Responsible individual	Katharine Silver
Registered manager	Helen Smith
Inspector	Pam Nuckley



Inspection date	24/11/2016
Previous inspection judgement	Improved effectiveness
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



SC425985

Summary of findings

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

- Young people have been at this home for a significant period. As a result, they experience placement stability and are cared for by a staff team which knows them well.
- The young people have different levels of communication. Some young people are articulate but have difficulty in processing information. Some young people are non-verbal and use noises, sounds and gestures to communicate. The young people's preferred communication style is understood by the staff team and responded to effectively in practice. This means that young people can express their wishes, feelings and views on how they wish to be cared for.
- Young people are making good progress. A parent said about their son, 'I am very happy with the progress he has made.' However, young people's progress is not always recorded in their information.
- Numerous professionals were contacted as part of this inspection. This included teachers, parents, social workers, independent reviewing officers and safeguarding professionals. They all commented on the good practice at the home, the helpful communication and how this helps young people to progress.
- The young people all attend a specialist school. They have excellent attendance that is above the national average and they are progressing in line with their abilities.
- High levels of activities are offered to young people at this home. This includes group and individualised activities. As a result, young people have plenty of opportunities to have fun, socialise, exercise, try new things and to be part of the local community.
- Some shortfalls were identified at this inspection. The recordings of restraints were not clear. The service provision document is not individual to each young person and does not fully consider compatibility or make use of the home's location risk assessment to ensure that young people are placed safely. Young people's risk assessments do not give clear information on the action that staff should take if an incident was to occur. Not all young people have been discharged from the home correctly and some documents have not been signed and dated by the author and have scribbling out within them. The independent visitor has not identified these shortfalls. In addition to this, the independent visitor report lacks evaluation of the records maintained in the home and it does not include a statement as to whether young people are fully safeguarded at this home. These shortfalls



are not currently affecting the good outcomes for young people or the care that they receive but they have the potential to do so.



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
14: The care planning standard	31/01/2017
In order to meet the care planning standard, the registered person must ensure: (1)(a) that children receive effectively planned care in or through the children's home.	
This is specifically in relation to showing their progress within their records and any action staff need to take to secure positive outcomes.	
14: The care planning standard	31/01/2017
In order to meet the care planning standard, the registered person must ensure: (2)(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. This is specifically in relation to having a robust impact risk assessment in place that includes looking at the compatibility of the group, using the location risk assessment to ensure that young people will be in a safe environment and it being individual to each young person.	
44: Independent person: visits and reports The independent person must produce a report about a visit which sets out, in particular, the independent person's opinion as to whether children are effectively safeguarded and that the conduct of the home promotes children's well-being. This also includes evaluating the quality of the records in the home. (Regulation 44 (4)(a)(b))	31/01/2017
35: Behaviour management policies and records The registered person must ensure that 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: (iv) a description of the measure and its duration; (v) details of any methods used or steps taken to avoid the need	31/01/2017



to use the measure; (vii) the effectiveness and any consequences of the use of the measure; and (viii) a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure. (Regulation 35)	
37: Other records	31/01/2017
The registered person must maintain in the home the records in Schedule 4. (Regulation 37 (1)(2)(a)) This is specifically in relation to ensuring that there is a record in the form of a register showing, in respect of each child, the date on which the child ceased to be accommodated in the home.	

Recommendations

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

- Ensure that staff are familiar with the home's policies on record keeping and understand the importance of careful, objective, and clear recordings. This includes ensuring that records are up to date, signed and dated by the author of each entry ('Guide to the children's homes regulations including the quality standards', page 62, paragraph 14.4).
- Ensure that staff continually and actively assess the risks to each child and the arrangements in place to protect them ('Guide to the children's homes regulations including the quality standards', page 42, paragraph 9.5). This is specifically in relation to including the actions staff need to take if an incident was to occur.
- Ensure that staff have the knowledge and skills to recognise and be alert for any signs that might indicate a child is in any way at risk of harm ('Guide to the children's homes regulations including the quality standards', page 43, paragraph 9.12). This is specifically in relation to staff having e-safety training.



Full report

Information about this children's home

The home is owned by a national organisation. It offers accommodation for seven young people who experience autistic spectrum disorder and/or a learning disability. For young people aged between five and 19 years.

Young people who access the home attend the organisation's school. A range of placements are provided in the home, including 52 weeks, term time, holiday, weekends and short breaks.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
03/02/2016	Interim	Improved effectiveness
15/07/2015	Full	Good
26/06/2014	Full	Adequate
14/05/2014	Full	Inadequate



Inspection judgements

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

This home specifically cares for young people who have autistic spectrum disorder. The young people have varying degrees of verbal and non-verbal communication. All the young people have difficulty in processing information and in cognitive reasoning and understanding. The inspector observed the staff team interacting with the young people and it was evident that the staff team is aware of and understands each young person's unique way of communicating. Two young people spoke with the inspector and others smiled or made pleasing noises when asked questions about their care. When confirmation could be gained verbally, young people said that their thoughts, wishes, views and feelings were listened to and acted upon, although one young person said, 'I am not happy with being supervised when I am out. I want an apprenticeship and a dog.' The young person is supervised for his safety but there are plans in place to reduce his level of supervision, for example when going to the local shop on his own, with discreet staff supervision from a distance. A meeting had taken place to discuss the feasibility of him completing an apprenticeship and staff were also discussing the responsibilities of caring for a pet with him. The young person said he was happy at this home but did not understand why things cannot happen straight away. This is part of his disability and members of staff are reassuring him on a daily basis that they are listening to him and taking action.

Most young people have been in placement for a significant period. At the point of referral, the home completes a service provision document. This document is to assess whether the home can meet the individual needs of the young person. However, it is a standard document that states what the company can provide rather than looking at each young person as an individual. It does not show how the needs of the rest of the group are taken into account and whether they are likely to be compatible, or how the home's location risk assessment is used to inform placement decisions, such as risks due to traffic in the area.

The young people have several specific plans in place, such as placement plans, health plans and education plans. These plans give details about their individual needs and what the home or other professionals' involvement is. However, there is little or no reference to any additional information, such as letters, meetings minutes or reports. For example, one young person recently had a blood test to review his medication. The home received the results but this information has not been commented on in his health plan. As a result, it is unclear as to what, if any, action may be required to be taken.

All the young people have the necessary local authority documentation in place, so



the staff team knows and understands its roles and responsibilities in meeting the needs of young people. This includes having a delegated authority form that allows staff to make decisions, as a good parent would do in, for example, securing emergency health treatment. However, not all of the young people's plans are signed by the social worker, parent and manager to show that everyone is in agreement with the plans. In contrast to this, young people complete an 'all about me' document. This covers a wide range of likes and dislikes across all areas of their care. For example, what their preferred routine is at bedtime. This means that young people's views and preferences are central to their care and new or covering staff can easily see and carry out young people's routines.

Parents are very much involved in their child's care. All the young people see their parents weekly. Most of the parents complimented the home on the care that their child receives and on how the home keeps them updated. One parent said, 'They have the patience that is needed and understand him and his needs. I wish he could have gone here from an early age.' Another said, 'We are always made welcome and he is happy to see us but also happy to return there. They always phone us to let us know of any concerns and we meet regularly.' One parent said, 'I think the home has progressed him as far as it can. But I am unsure whether they can progress him any further in his independence.' The manager said this was being discussed with the local authority and they are looking at specific adult provisions. The young people do not currently have any restrictions on their contact with their parents. The manager said that if a young person did have restrictions, this would be highlighted within their service plan. This means that young people would be safeguarded as fully as possible.

Young people have exceptional attendance at a specialist educational setting. The headteacher of the school said that the attendance for young people from this home is 97.9 compared to day pupils at 88.4% and data shows that they are performing equally well. She continued to say, 'I have full confidence in the staff team. I find them to be committed to providing the best possible outcomes they can for the young people they support.' A support teacher said, 'The home works very closely with us. We have multi-disciplinary meetings so we can all share strategies, responses and areas of work needed.' This means that routines and boundaries are mirrored across the young people's day and this gives them consistency of care. In addition to this, several of the young people are completing the Duke of Edinburgh award and have certificates of achievement in basic skills. This means that they experience new things, socialise in a bigger group and learn new skills. Young people were ready and waiting to go to school when the inspector arrived at the home. They appeared happy to be going to school, clapping when their minibus arrived and warmly greeting staff.

Most of the young people are taken to their health appointments by their parents. Any information, such as changes to medication is discussed with staff and confirmed in writing by the health professional. Young people are well supported to maintain good health. This helps because the staff team is well trained and is able



to respond to the needs of young people. The team has received training in first aid, administering medication, autistic spectrum disorder, sexuality and intimate relations, hazardous substances, infection control and food hygiene. These are refreshed regularly. As a result, young people's emotional, physical, personal and sexual health has improved. Some young people are on medication that is described as 'controlled drugs'. There are robust storage, administration and recording of these. As a result, young people receive their medication in line with their prescription. Young people say the food at the home is very good. Young people are assisted to prepare snacks, make cups of tea and to bake cakes. Some of the young people are being prepared for adult life by going to the shops and purchasing their own food. This assists them with their social skills and in dealing with complicated systems and crowds.

Last year, the home felt that it could develop its activity programme to ensure that young people were able to integrate more into the community and to have opportunities to try new things and expand their social experience. This has been extremely successful. On most evenings, young people go out on an activity, either together or individually. They go to a trampolining club, swimming, horse-riding, to a youth club and have meals out at local restaurants. At a weekend, they go to Splash World, go out in the country for walks or for a drive. They also enjoy spending time on their consoles, listening to music, watching television or just having some quiet time One young person said, 'I come home from school and have my tea quickly so I can go out and have fun. I like to go on drives around town.' Another young person was keen to show the inspector his character he had made as part of an online game. This shows that the young people's interests are captured; they try new experiences and have lots of opportunities to build their social awareness and skills within the community.

Young people are supported to learn new skills and to care for themselves. This helps them to develop and be prepared for adult living. One young person, who had very limited personal skills when first placed at the home, went through his routine with the inspector. He said, 'I do everything myself now. I have a routine and I am ready for the day.' Other young people are learning to change their bed, use a washing machine and prepare meals. Some young people have successfully moved into adult provisions, into fostering placements or returned to their parents' care. Regular meetings are undertaken to discuss the options, including moving into supported independence settings. Good transition plans help young people to move sensitively and at their own pace. However, not all young people have been formally discharged in the correct manner. For example, the dates of them leaving have not been entered into the admission and discharge book.



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

Young people say or indicate that they are safe at this home. One young person said, 'I feel very safe because staff look after me and tell me if I put myself in danger. For example, like crossing the road.' Another young person hugged a member of staff in response to being asked if he felt safe here. Safeguarding professionals said that there have been no concerns at this home for a long time. They were confident that the staff team would report and follow procedure if an incident was to occur.

Young people have not been reported missing from this home. Staff fully demonstrated their roles and responsibilities and the protocol they would follow if this happened. Due to each young person's vulnerabilities, a robust risk assessment ensures that staff know exactly what action to take when identifying that a young person is missing from the home. This includes searching the local community, phoning the emergency police number and having information to hand of the likely places that the young person may go. In contrast to this, other risk assessments that address negative behaviour are not as robust. This is because they lack information around what strategies and action have been agreed to minimise, distract from or de-escalate incidents. For example, the risk assessment says 'follow support plan and service provision plan'. There are several documents to read before knowing what action to take. This is not helpful for new or agency staff when dealing with an incident.

Young people receive high levels of support from members of staff at this home. As a result, negative behaviour is kept to a minimum through de-escalation, activities, interaction and quiet time. The home prides itself on using a lesser form of restraint, which is a gentler guidance and positive handling approach. It does not fully restrict movement or take young people to the floor. For example, if an incident was to occur, young people are steered to a different room or are escorted away from danger. Staff use blocking and disengagement strategies if young people are being aggressive towards them. As the home works closely with education, the home uses its recording system for recording incidents online. The manager said that this was to ensure that all parties were aware of any incidents. However, the form does not capture all the necessary detail required by regulation. This is because the form has tick boxes that do not allow for further detail. For example, it says 'support plans followed' but does not describe how the incident was de-escalated or give a description of the hold used or whether the intervention was effective. Further to this, a tick can represent that medical attention was required but does not give any detail as to the injury or medical attention that the young person received. Therefore, the records need to be more robust so that young people are fully safeguarded. Similarly, post-incident reviews are held but they are mostly from a staff point of view. They do have views of young people



who can verbally communicate but they are unclear when a young person has non-verbal communication. This does not ensure that the voice of the young person is heard.

This home does not use sanctions for negative or poor behaviour, as it would be tokenistic given young people's level of comprehension. They learn good behaviour through example, repetition, praise and encouragement. Achievements, certificates and periods of good behaviour are rewarded with treats, outings and personal items. All the young people went to the fair for keeping their rooms clean. Another young person received a new television for his bedroom after a settled period of behaviour.

Numerous professionals and parents said that young people were well supervised, supported and protected at this home. Members of staff support young people in the community and discuss safety issues with them, such as crossing the road, talking to strangers and keeping their money safe. Some young people play games on their laptops. Staff talk to them about the dangers around social media, but staff have not received any training to help them do this correctly. This means that they are not fully informed by research and safeguarding practices.

All health and safety certificates are renewed as and when required. Members of staff and all young people regularly practise how to leave the building safely. Each young person has an individual handling plan that tells members of staff how much support they require to evacuate the building safely. This means that everyone knows what to do if an emergency was to occur.

	Judgement grade
The impact and effectiveness of leaders and managers	Good

There is a suitable, well-qualified and experienced manager at this home. She is supported in her role by an experienced deputy manager. They work together to ensure that there is always management oversight of the service. Professionals, parents and teachers spoke highly of them both. A professional said, 'The manager is very proactive and has the heart of the young people at the centre of her care.' A parent said, 'The manager or deputy always keep us informed. The home is run well.' A teacher said, 'I have full confidence in the manager and her team.' These comments show that there is a very good management team in place.

The statement of purpose has been updated recently as part of the home's development. It now contains details around the qualifications and professional supervision of staff involved in providing any healthcare or therapy and how



information about the effectiveness of healthcare or therapy provided is measured. This means that parents, carers and placing authorities have an up-to-date and comprehensive picture of the care and support that is provided to young people.

The home has undergone some changes within the staff team. Several staff have left to further their career or for personal reasons. However, there is a core group of staff who have been working at the home for a long time. The home has used several agency or bank staff, but it has been careful to use the same ones and they are on shift with experienced members of staff. This ensures that young people receive consistency of care. Two of the agency staff have applied for positions at the home and have been successful. The manager said that although they have been trying to recruit staff, this has not always been successful. Therefore, as part of the development of the home, she has had a meeting with human resources to review the approach to advertising jobs, such as where they are placed. She has hosted a recruitment day at the local job centre that led to an increase in applications and she is attending a recruitment fair this month. This shows that the manager is being proactive in finding the right people to care for the young people.

All members of staff, including agency staff, have their performance and practice evaluated monthly. Several staff members said that this is important to them, gives them an opportunity to discuss a variety of issues and keeps them up to date with any changes. One member of staff said, 'My supervision is really good. It gives me the opportunity to reflect on things and I can openly discuss anything without worrying if I have said the right or wrong thing.' This shows that supervision is a safe environment to air their views. Similarly, staff attend regular staff meetings to discuss the young people's progress and any concerns. They also look at their roles and responsibilities within the home and discuss any changes to the home's policies. The inspector discussed with the manager the benefits of including any new research, development or legislation within the media or public domain to inform practice.

All members of the core staff team have a relevant childcare qualification. Two new staff are registered and are completing a similar childcare course. New staff undertake an induction period when they complete all mandatory training, and receive high levels of supervision. As a result, they said that they were given the skills to interact with young people safely, had lots of opportunities to discuss, develop and enhance their practice and this made them more confident and was beneficial for young people.

All members of staff receive a good level of training that is refreshed when required. They receive additional specific training associated with caring for young people who have autistic spectrum disorder and complex needs. This means that staff care for and respond to young people in a consistent way that is informed by therapeutic techniques.

All the young people have a review of their care at appropriate intervals. The



young people are encouraged and supported to attend these meetings. A reviewing officer said, 'The home works closely with a range of professionals, especially with education, to ensure that a full picture of the young person's needs is expressed. They are excellent at preparing for reviews and support young people very well.'

An independent person visits the home monthly to give an impartial view on the quality of care given within the home. However, the report produced is brief, does not regularly include consultation with young people, parents and professionals and lacks evaluation of the home's records. For example, one young person has been at the home for over six months and none of his local authority paperwork has been signed or dated by anyone. The independent visitor has not identified this. This does not help the home to identify shortfalls and address them quickly. Further to this, the independent visitor does not give an opinion, as requested by regulation, as to whether the young people are safeguarded effectively here. The manager said that, on occasions, she had challenged the independent visitor's report when information was incorrect but that she needs to consider how these reports help her to improve the service. In contrast to this, the manager uses her monthly monitoring and the home's development plan well. She ensures that she captures young people's, parents' and professionals' views to continue to improve the home. For example, improving the decoration of the lounge, and discussions are under way about finding a suitable pet that all of the young people can look after safely.



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 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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