

Children's Home — Monitoring visit

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Type of inspection	Monitoring
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This monitoring visit.

This monitoring inspection was undertaken following the interim inspection of the home that took place on 5 December 2016, when it was judged declined in effectiveness. A restriction of accommodation notice was served with immediate effect on 16 December 2016 until 10 March 2017 inclusively. The purpose of this visit was to ensure compliance with the notice and to monitor progress following the previous inspection.

The manager in post is currently in the process of registering with Ofsted, and she forms part of the senior leadership team. This senior leadership team is fully focused on identifying strengths and weaknesses across the children's services. They are passionate and committed to moving the service forward. They recognise that they are on a journey in improving practice and exploring the culture and ethos within each of the houses. The organisation recently had a peer review undertaken to identify areas for improvement. They have yet to receive the report. It was recognised during this visit that progress has been made in some areas which were of concern previously. However, this has yet to be fully embedded in practice. Other deficiencies were also found resulting in some further requirements being made.

Inspectors were aware during this visit 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 other evidence available at the time of the visit.

Since the interim inspection, serious allegations have been reported to the necessary external safeguarding agencies by the organisation. Appropriate action was taken promptly when reported. Staff are confident in reporting concerns, with an increase seen in disclosure of information. However it has been stated by staff following alleged incidents that they were not confident in intervening at the time. This lack of immediate action places young people at risk of continued harm. The safeguarding policy and guidance have been circulated to staff, but these do not explicitly state that staff should intervene to keep the young person safe. Risk assessments following allegations have been completed for those mentioned by whistle-blowers. There have also been risk assessments completed on other staff who have worked with the named staff members, which demonstrates greater awareness in considering the whole staff team when evaluating if young people are safe. However, the risk assessments recently compiled do not contain the correct date of completion. In addition, there was no clear audit trail to show when or if discussions have taken place with staff in relation to safeguarding responsibilities. Staff were deemed to be medium risk in these assessments. However, no strategies were then detailed to eliminate or reduce the risk. Information continues to lack sufficient detail to determine what strategies or support are needed. There has been further psychology and advocacy input into the houses. Young people's concerning behaviours are being reported to the necessary teams to support young people's emotional and psychological well-



being. During the visit, some staff spoken with were aware of young people's behaviours and how changes displayed may be an indicator that the young person may be distressed. The managers are aware that this is an area of training to disseminate further across the teams, to ensure that staff are able to recognise sometimes subtle changes in young people's behaviours. At present, the inconsistency of staff present in the houses limits this opportunity.

Formal supervision arrangements for staff remain variable. Although senior staff have more presence in the houses, this has yet to have the desired outcome, with some staff still feeling unsupported. The lack of formal supervision with their line managers means that staff do not feel that they are being listened to and therefore not supported adequately. Following reporting of safeguarding concerns, staff have not had supervisions which enable them to reflect on their views and practice. In addition, staff returning to work following extended time off, such as maternity leave, have not received frequent formal supervision. During this visit, no evidence was supplied to suggest that fixed term agency staff are receiving any form of supervision. Systems remain inconsistent and do not provide staff with the support, guidance and monitoring they need to ensure that young people are appropriately care for.

During observations, young people were seen to benefit from supportive relationships with some committed and attentive staff members. Some positive interactions were seen, with young people appearing relaxed in the presence of staff. Staff report that the lack of permanent staff continues to hamper staff morale and the care they provide to the young people. There continue to be insufficient staff within the houses, which leads to challenging and, at times, risky situations. The senior team continues to recruit actively to vacant positions. Nine new staff are due to commence work shortly. At the last inspection, the vacancy rate was 24%, the new staff reduces this to 13.9%. Staff suspensions, long-term sick leave and maternity leave continue to contribute to the difficulties; the use of agency staff support is prevalent. There remains an insufficient number of staff to deliver a safe level of care to young people. Rosters within each of the houses do not detail actual hours worked by staff or when staff move between the houses on site. It is difficult to establish who was working at certain times or the exact staffing levels in the houses at any given time.

Complaints procedures have been revised, with a system now in place which ensures that any complaint made has the safeguarding officer's oversight. Records show a clear evidence trail from instigation to outcome to the complainant. This is a more robust and effective system. The organisation is currently reviewing their policy in relation to the complaints process.

During this visit, it was identified that some health plans have not been reviewed or updated to reflect the young person's current circumstances. Staff spoken with were not aware of where young people's health plans are kept or what information is detailed in them, yet these staff are responsible for their implementation. There



is currently a lack of communication between medical staff and care staff, with an absence of clarity of responsibility. Recording is poor, with limited information on what action has been taken in relation to health concerns. In addition, there is a lack of records for children looked after in relation to routine medical examinations and checks. No evidence could be supplied of when or if these have been undertaken.

Inspectors are not yet confident that the children's home is able to deliver a safe level of care to young people. Therefore, the outcome of the case review on 27 January 2017 is that the notice to restrict accommodation will remain in place until 10 March 2017.



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 of the home this if 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.

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) 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
10 The health and well-being standard	06/03/2017
In order to meet the health and well-being standard, the registered person is required to ensure: (2)(a) that staff help each child to: (ii) understand the child's health and well-being needs and the options that are available in relation to the child's health and well-being. (Regulation 10 (2)(a)(ii)) This specifically relates to ensuring that health plans are reviewed and available to staff and there is clear communication between medical and care staff.	
12 The protection of children standard	06/03/2017
In order to meet the protection of children standard, the registered person is required to ensure: (2)(a) that staff:	



(vi) take effective action whenever there is a serious concern about a child's welfare; (b) that the home's day-to-day care is arranged and delivered so as to keep each child safe and to protect each child effectively from harm. (Regulation 12 (2)(a)(vi)(vii)(b)) This specifically relates to ensuring that risk assessments of staff following allegations contain sufficient detail to determine any strategies or support that needs to be implemented.	
13: The leadership and management standard In order to meet the leadership and management standard, (2) the registered person is required to: (d) ensure that the home has sufficient staff to provide care for each child. (Regulation 13 (2)(d))	06/03/2017
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))	06/03/2017
Revise the safeguarding policy to ensure that it explicitly details how to safeguard children accommodated in the children's home from abuse or neglect. (Regulation 34 (1)(a))	06/03/2017
Maintain records in Schedule 3 in relation to the child. This specifically refers to details of any immunisation, medical examination of the child and of any medical and dental treatment of the child. (Regulation 36 (1)(a))	06/03/2017
Maintain records kept in Schedule 4. This specifically relates to a record of the rosters of actual hours worked. (Regulation 37 (2)(a))	06/03/2017



Information about this inspection

The purpose of this visit was to monitor the action taken and the progress made by the children's home since its last Ofsted inspection.

This inspection was carried out under the Care Standards Act 2000.



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