

Children's homes – Interim inspection

Inspection date	23/02/2017
Unique reference number	SC065684
Type of inspection	Interim
Provision subtype	Children's home
Registered provider	J & R Care Limited
Registered provider address	Ash House South, Ash Road, New Ash Green, Longfield, Kent DA3 8JF

Responsible individual	Jane Parish
Registered manager	Post vacant
Inspectors	Stephen Collett Amanda Harvey



Inspection date	23/02/2017
Previous inspection judgement	Good
Enforcement action since last inspection	None
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 **good** at the full inspection. At this interim inspection, Ofsted judges that it has **declined in effectiveness**.

At the time of this inspection, the regulator was processing an application made by the manager in December 2016, to become the registered manager for the home. The previous registered manager left the organisation in late May 2016. Since this time, the current manager has had responsibility for the day-to-day running of the home, with support from the registered individual.

At the last full inspection in August 2016, four requirements were made. Not all of these requirements have been met. Insufficient progress has been made in relation to assessing the likely impact of new admissions on the established group. The impact assessment for one new admission did not consider how the young person's vulnerabilities and challenging behaviour would affect the other young people. Neither did it consider the potential for the new admission to respond negatively to the behaviours demonstrated by those already in the home. In one case, no impact assessment had been undertaken prior to the young person moving into the home.

Action has been taken in response to the requirement made regarding the use of monitoring the quality of care. As a result, leaders and managers decided that the home's three-month assessment period had a de-stabilising effect on young people, who were placed in the home on a long-term basis. Consequently, the three-month assessment model was ended.

However, the overall effectiveness of monitoring systems remains inconsistent. Examples were found of detailed monitoring and evaluation, particularly in the case of one incident of physical restraint. Managers identified several shortfalls in the practice of staff involved in the incident. However, this did not result in action being taken to comprehensively address the weaknesses identified. For example, no consideration was given to providing refresher training for a member of staff who had failed to use de-escalation strategies and restrained a young person inappropriately. The member of staff failed to act in accordance with the home's guidance on how and when physical restraint should be used.

Quality of care monitoring systems have also failed to identify shortfalls in relation to risk management. Risk assessments have not consistently been undertaken for young people who keep and self-administer prescribed medication. This resulted in one vulnerable young person taking a higher dosage than prescribed. Other risk assessments, particularly in relation to keeping young people safe while using the



internet, lack detail and do not provide staff with clear strategies on how to minimise the risk. The internet use risk assessment for one young person, reviewed during the inspection, made no reference to educating the young person about the dangers associated with online activity.

A requirement was made in August 2016 in relation to maintaining records of actions taken when a young person discloses historical abuse. Practice has not significantly improved in this area. No record was kept of a social worker's response to being informed of an historical allegation made by a young person. Furthermore, allegations of abuse are not always reported in a timely manner to the relevant authorities. No referral was made to the local authority in the area where the home is located regarding a possible sexual assault on a young person, prior to the regulator contacting the manager and advising that a referral should be made.

The requirement made in August 2016, pertaining to case records, has not been consistently met. The case file for a young person admitted in late August 2016 does not contain a signed local authority placement plan, defining the statutory provision under which the young person is being provided with accommodation.

In addition to these requirements not being met, weak practice was identified in other aspects of the service. Insufficient priority is given to the safety and security of young people. Visitors are able to enter the property without being challenged. During this inspection, an adult visitor was able to gain supervised access to the young people without showing identification or signing the visitor's book. Managers took action to rectify this situation when the inspectors brought it to their attention.

Managers and staff have not consistently taken action to ensure that young people's health and well-being needs are met. Evidence could not be found that a young person received first aid or other medical attention after he had been physically assaulted. The young person later informed staff that he was experiencing 'blackouts', and it was only at this stage that medical advice and attention was sought.

Behaviour management strategies, as defined in the home's policies and procedures, are not consistently implemented in practice. This particularly applies to the use of physical restraint. As mentioned earlier in this report, an example was found of a physical restraint taking place before effective de-escalation methods were used. Subsequently, the physical restraint was applied by one member of staff, although others were present. The young person concerned initially indicated he wished to complain about this incident. Managers and staff did not instigate the complaints procedure at this point.

One restraint report made reference to a young person becoming involved in the physical restraint of a peer. Staff did not intervene to stop this. Comments made by managers in the monitoring section of the restraint report conclude that the young person was 'contained effectively'. This is a further indication that management monitoring systems are not consistently identifying examples of poor practice.



Not all staff spoken to during this inspection were familiar with young people's care status. One member of staff did not know which young people are subject to a local authority care order. He did not demonstrate a clear understanding of why a young person's legal status has implications for how the home will care for the young person, and where decision-making authority lies.

Despite these significant shortfalls in the standard of care being delivered, most young people are making progress across some aspects of their lives. All young people have good attendance at the organisation's school. One young person, who has experienced significant disruption to his education, has secured a place at a local college for the new academic year. Young people are also engaging more with specialist support services, both internally and externally.

Some young people have reduced the number of times they go missing from the home. Consequently, the risk of them coming to harm has reduced. All young people engage with the activities on offer, and they are encouraged by staff to pursue their individual interests and hobbies. One young person spoke enthusiastically about his work experience placement at a local stables. Over time, young people become less socially isolated, and engage more with local community resources. For example, one young person has joined a local sports club and a chess club.

Staff are vigilant in looking for any signs of bullying, and the issue is regularly addressed in house meetings. However, this approach has not always prevented young people becoming intolerant of one another, and this has occasionally resulted in aggressive incidents taking place. Managers and staff have been creative in finding new ways of promoting positive behaviour. An incentive scheme, known as the 'star boy', has been introduced. This has had a positive impact on some young people, who gain a sense of pride and achievement when they reach 'star boy' status.

The home is providing a stable environment for highly vulnerable young people, who have experienced significant challenges in their lives. Overall, they are making progress. However, the shortfalls identified at this inspection have the potential to impact negatively on the young people's day-to-day experience of life in the home.



Information about this children's home

The home is privately run and provides care and accommodation for up to six young people who have emotional and/or behavioural difficulties. Education is provided in an adjacent building.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
02/08/2016	Full	Good
21/03/2016	Interim	Improved effectiveness
08/07/2015	Full Requires improvement	
24/03/2015	Interim	Improved effectiveness



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
6: The quality and purpose of care standard	07/04/2017
In order to meet the quality and purpose of care standard, with specific reference to assessing the likely impact of new admissions to the home, the registered person must ensure that:	
(3)(b) the care meets the child's needs.	
10: The health and well-being standard	07/04/2017
In order to meet the health and well-being standard, with specific reference to ensuring children receive medical attention following a physical assault, the registered person must ensure that:	
(2)(c) each child has access to such dental, medical, nursing, psychiatric and psychological advice, treatment and other services as the child may require.	
12: The protection of children standard	07/04/2017
In order to meet the protection of children standard, with particular reference to maintaining security arrangements, the registered person must ensure that:	
(2)(b) 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.	
13: The leadership and management standard	07/04/2017
In order to meet the leadership and management standard, with specific reference to identifying actions to address any weaknesses, the registered person must:	
(2)(h) use monitoring and review systems to make continuous improvements in the quality of care provided in the home.	
The following measure may not be used to discipline any child—	07/04/2017
any measure involving a child imposing any measure against another child. (Regulation 19(2)(i))	
Specifically, to ensure that no child is involved in the physical	



restraint of any other child.	
Restraint in relation to a child must be necessary and proportionate. (Regulation 20(2))	07/04/2017
The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children's home. (Regulation 23(1))	07/04/2017
Specifically, ensure that a risk assessment is undertaken prior to allowing a child to keep and self-administer prescribed medication.	
The registered person must prepare and implement a policy which provides for the prompt referral of an allegation about current or ongoing abuse or neglect in relation to a child to the placing authority and, if different, the local authority in whose area the home is located; and	07/04/2017
provides for records to be kept of an allegation of abuse or neglect, and the action taken in response. (Regulation 34(2)(b)(d))	
Specifically, ensure that allegations of abuse are reported to the local authority in whose area the home is located, and ensure that records are kept of the action taken in response to a child disclosing historic abuse.	
The registered person must maintain records ('case records') for each child, which include the information and documents listed in Schedule 3 in relation to each child. (Regulation 36 (1)(a))	07/04/2017
Specifically, ensure that case records contain the placing authority's placement plan.	

Recommendations

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

- Ensure that children are able to take up issues or make a complaint with support. ('Guide to the children's homes regulations including the quality standards', page 22, paragraph 4.13)
 - Specifically, ensure that the complaints process is utilised when children express concern about being physically restrained.
- 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)

 In particular, ensure that risk assessments contain all relevant information and



give clear strategies for minimising the risk to the child.

■ Ensure that everyone working at the home understands their roles and responsibilities and what they are authorised to decide on their own initiative. ('Guide to the children's homes regulations including the quality standards', page 54, paragraph 10.20)

Specifically, ensure that all staff understand each child's legal status and the implications this has for how the home may care for the child.



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 that 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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