

1237027

Jamores Limited

Monitoring visit

Information about this children's home

This is a privately owned home for three children who have emotional and/or behavioural needs, a mental disorder, or a learning disability. The provider has four children's homes registered with Ofsted.

Inspection date: 4 April 2017

This monitoring visit

This monitoring visit was triggered by:

- A number of significant events occurring since the full inspection.
- The independent visitor's monthly monitoring reports highlight a number of weaknesses in relation to the leadership and management of the home

The main outcomes of the visit are:

- The home does not consistently meet the Children's Homes (England) Regulations 2015 and the 'Guide to the children's homes regulations including the quality standards'. The leadership and management quality standard is not met. Ten shortfalls have been identified in a number of areas.
- The leaders, managers and staff are aware of the shortfalls and state their intention to improve the service. They have taken a number of actions to improve the service. Leaders and managers acknowledge that more needs to be done and display a commitment to achieving a better standard of service. More improvement is required to achieve consistent compliance and embed good practice.
- There are no immediate risks to the welfare of young people who live in the home. However, the widespread failures are undermining the overall effectiveness of the service, including its ability to keep young people and everybody else on the premises as safe as possible.

The management situation is not satisfactory. Leaders and managers are not sufficiently present and visible in the home to provide clear leadership, direction and support to staff members. The registered manager, who is also the registered provider, is not in day-to-day charge of the home. She occasionally visits the home, for example, to attend a team meeting. In November 2016, the registered provider appointed an interim manager to manage this home and a sister-home on her behalf. Therefore, the interim manager, although in day to day charge, is not registered with Ofsted and has not applied to register.

The duty roster records show that the manager works in this home two days a week. The manager has listened to the independent visitor's recommendation to divide her time more flexibly between the services, depending on the need. She has recently started popping into this home on the days when she is not rostered to work here. She receives regular updates and shift-handover reports through emails and telephone calls. A staff member commented that it would be nice to have a manager in the home more often. The manager said that she would spend more time in this home if she had somewhere to sit in the office. She is making arrangements to reorganise the office to make this possible. During the inspection, she was standing in the office and working on a laptop that was resting on a printer. A deputy manager has just been appointed but has not started working in that role.

The interim manager was registered with Ofsted previously, while working for a different organisation. The plan is for her to apply to register with Ofsted as the manager for this home and the sister-home once she completes the probationary period; this is due to be completed next month.

The leaders and managers have failed to provide staff with appropriate guidance, support and supervision. Out of two randomly selected staff members, one had not received any individual supervision meetings since the full inspection more than four months ago. The other member of staff had each received one supervision meeting with the manager last month. Group supervisions do take place, but this on its own fails to sufficiently demonstrate that staff receive appropriate supervision and support. A staff member commented that it would be good to have time to reflect on significant incidents that have recently occurred in the home together with the management.

Staff members have not received effective direction regarding what the home is trying to achieve. The leaders and managers have failed to ensure that staff have clear information, policies, procedures and written guidance in respect of the service and expected staff practice. The home's statement of purpose does not refer to Ofsted. It does not include required information. Instead, it is explicit about the home's registration with the Care Quality Commission (CQC), a regulator for adult and health care. The staff on duty, including the person in charge of the home at the time, were not certain if this information was correct or not. When the manager came, she confirmed that this home was only registered with Ofsted and not with the CQC. However, she was also unable to demonstrate that the home had an

appropriate statement of purpose.

The disciplinary policy for staff and the home's policy on dealing with young people who are missing or are absent without authority were not available in the home. The manager said that these policies were available online. However, she was unable to access them on the day of this visit. There have been no incidents of young people being absent without authority or missing from care. Copies of the placing authority's protocols in relation to missing young people were available. Staff had a good understanding of the reporting procedures. However, the lack of easy access to the home's policies and procedures undermines the consistency of practice.

Record-keeping in the home is ineffective. The weaknesses demonstrate that there is poor monitoring of the records. The leaders and managers have not established good administrative and recording systems, as required. The log of complaints has not been appropriately maintained. The complaints received have been recorded in different places. The manager has started organising a log of complaints, but has not completed it. Unsystematic and poor record-keeping leads to diminished management oversight and limits opportunities for identifying trends and seeking intervention strategies.

The leaders and managers have failed to use monitoring processes to address weaknesses in record-keeping effectively. As part of the monthly monitoring process the independent visitor has repeatedly highlighted shortfalls in certain records. However, no lasting improvement has been achieved. For example, the latest independent visitor's report states: 'In most instances, some small arrangements have been made, however, not to all areas, or where improvements have been made. These are not consistent and the same shortfalls were found during the next visit.'

This monitoring visit has identified similar themes to those outlined by the independent visitor. Aside from the shortfalls in the recording of complaints, the records of physical interventions remain inconsistently maintained. This shortfall, along with others, was identified in the full inspection report, and subsequently in the independent visitor's monthly monitoring reports, as an area that was in need of improvement; this still remains the case. For example, the information on the duration of the physical interventions has not been recorded in the central log of behaviour control measures. Other examples of weak practice in relation to record-keeping include not recording young people's names on their individual behaviour plans. The existence of inconsistent dates on the same document makes the understanding of timelines difficult. Additionally, some of the dates on which the documents were initially created have been lost. For example, the date on the placement-matching document for a young person who was admitted in January 2017 was 8 February 2017. Inconsistent and unclear records create confusion, risk misinterpretation by staff and undermine trust in the home's records.

The fire safety in the home is weak. The current provision of fire equipment is unsafe. The staff on duty were unsure of how many fire extinguishers were in he

home. They believed that there were three and that all of them were kept in the office. However, staff were only able to locate two. The only one which was clearly visible and easily available was not viable, as a young person had discharged it. The other one was 'discovered' underneath plastic bags under the desk. The interim manager had tried to arrange for a fire contractor to visit the home and review the fire arrangements. She had contacted them prior to this monitoring visit, but is still awaiting their response.

Ofsted has not received the registered managers' report on the review of the quality of care for the first six months following the home's registration. This is well overdue. The manager showed the inspector that on 31 March 2017 she received a copy of the report that the registered manager completed for the period May 2016 to October 2016. Not sending Ofsted these reports in a timely manner undermines its ability to perform its monitoring function.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
15/11/2016	Full	Good

What does the children's home need to do to improve?

Statutory requirements

This section sets out the actions that the registered person(s) must take to meet 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>6 The quality and purpose of care standard</p> <p>In order to meet the quality and purpose of care standard, the registered person must ensure that children receive care from staff who—</p> <p>(a) understand the children's home's overall aims and the outcomes it seeks to achieve for children;</p> <p>(b) use this understanding to deliver care that meets children's needs and supports them to fulfil their potential.</p> <p>(2) In particular, the standard in paragraph (1) requires the registered person to—</p> <p>(b) ensure that staff—</p> <p>(i) understand and apply the home's statement of purpose.</p>	01/06/2017
<p>13 The leadership and management standard</p> <p>In order to meet the leadership and management standard, the registered person must—</p> <p>2(a) lead and manage the home in a way that is consistent with the approach and ethos, and delivers the outcomes, set out in the home's statement of purpose;</p> <p>(b) ensure that staff work as a team where appropriate.</p> <p>This requirement relates in particular to making sure that staff have easy access to policies, procedures and guidance on good practice.</p>	01/06/2017
<p>13 The leadership and management standard</p> <p>In order to meet the leadership and management standard, the registered person must—</p> <p>2(h) use monitoring and review systems to make continuous improvements in the quality of care provided in the home.</p> <p>This in particular relates to establishing and implementing a more effective system for monitoring of the home's records and responding more swiftly to the recommendations for improvement identified by the independent visitor.</p>	01/06/2017
<p>16: Statement of purpose</p> <p>The registered person must compile in relation to the</p>	01/06/2017

<p>children's home a statement ('the statement of purpose') which covers the matters listed in Schedule 1.</p> <p>(3) The registered person must—</p> <p>(a) keep the statement of purpose under review and, where appropriate, revise it; and</p> <p>(b) notify HMCI of any revisions and send HMCI a copy of the revised statement within 28 days of the revision.</p> <p>(Regulation 16(1)(2)(3) Schedule 1)</p>	
<p>25 Fire precautions</p> <p>After consultation with the fire and rescue authority, the registered person must—</p> <p>(a) take adequate precautions against the risk of fire, including the provision of suitable fire equipment in the children's home.</p> <p>(Regulation 25(1)(a))</p>	01/06/2017
<p>33 Employment of staff</p> <p>The registered person must operate a disciplinary procedure which, in particular—</p> <p>(b) provides that the failure on the part of an employee to report an incident of abuse, or suspected abuse, whether past or present, in relation to a child to the appropriate person is a ground on which disciplinary proceedings may be instituted.</p> <p>(Regulation 33(2)(b))</p>	01/06/2017
<p>33 Employment of staff</p> <p>The registered person must ensure that all employees—</p> <p>(b) receive practice-related supervision by a person with appropriate experience.</p> <p>(Regulation 33(4)(b))</p>	01/06/2017
<p>34 Policies for the protection of children</p> <p>The registered person must prepare and implement a policy ('the missing child policy') setting out—</p> <p>(a) the steps taken, and to be taken, to prevent children from being absent without permission; and</p> <p>(b) the procedures to be followed, and the roles and responsibilities of persons working at the home, in relation to a child who is, or has been, so absent.</p> <p>(Regulation 34(4)(a)(b))</p>	01/06/2017
<p>35 Behaviour management policies and records</p> <p>The registered person must ensure that—</p> <p>(a) within 24 hours of the use of a measure of control, discipline or restraint in relation to a child in the home, a</p>	01/06/2017

<p>record is made which includes—</p> <ul style="list-style-type: none"> (i) the name of the child; (ii) details of the child’s behaviour leading to the use of the measure; (iii) the date, time and location of the use of the measure; (iv) a description of the measure and its duration; (v) details of any methods used or steps taken to avoid the need to use the measure; (vi) the name of the person who used the measure (‘the user’), and of any other person present when the measure was used; (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; <p>(b) within 48 hours of the use of the measure, the registered person, or a person who is authorised by the registered person to do so (‘the authorised person’)—</p> <ul style="list-style-type: none"> (i) has spoken to the user about the measure; and (ii) has signed the record to confirm it is accurate; and <p>(c) within 5 days of the use of the measure, the registered person or the authorised person adds to the record confirmation that they have spoken to the child about the measure.</p> <p>This requirement in particular relates to including duration of the measure and confirmation that the records are checked and signed by the authorised person as accurate. (Regulation 35(3)(a)(ii)(b)(ii))</p>	
<p>39 Complaints and representations</p> <p>The registered person must ensure that a record is made of any complaint, the action taken in response, and the outcome of any investigation. (Regulation 39(3))</p>	01/06/2017
<p>45 Review of quality of care</p> <p>The registered person must—</p> <ul style="list-style-type: none"> (a) supply to HMCI a copy of the quality of care review report within 28 days of the date on which the quality of care review is completed. (Regulation 45(4)(a)) 	01/06/2017

Information about this inspection

The purpose of this visit was to monitor the children home's compliance with regulations.

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

Children's home details

Unique reference number: 1237027

Provision sub-type: Children's home

Registered provider: Jamores Limited

Registered provider address: 2 Thames Innovation Centre, Studio 52, Veridion Way, Erith, DA18 4AL

Responsible individual: James Adebayo

Registered manager: Ebunoluwa Adebayo

Inspector

Seka Graovac, social care inspector

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