

1234163

Jamores Limited

Monitoring visit

Information about this children's home

This children's home is privately owned; it was registered on 26 September 2016. The home is registered to provide care and accommodation for up to four children who have emotional and/or behavioural difficulties. It may also provide care and accommodation for children who have learning difficulties.

Inspection date: 27 April 2017

This monitoring visit

A full inspection of the home was undertaken on 6 and 7 March 2017. The home was judged to be inadequate across all areas of practice. Four compliance notices were issued on 21 March 2017. The date set for meeting all of the actions specified in the notices was 26 April 2017. This monitoring inspection focused on the work that has taken place in the home since 21 March 2017, and the organisation's compliance with the steps identified in each notice.

Compliance notice relating to the quality and purpose of care standard (Regulation 6(2)(b)(iv))

The steps laid out in this compliance notice require the registered person to ensure that staff provide personalised care that meets each young person's needs, as recorded in the young person's relevant plans. There were shortfalls in respect of complying with Regulation 6(2)(b)(vi).

The home's care plans for young people still lacked clarity and provided inaccurate information to guide staff in supervising young people. Inspectors viewed documentation demonstrating that the home had clarified with placing authorities' young people's supervision arrangements. The supervision arrangements for all three young people at the home, now stipulated one-to-one staffing. Despite this, young people's records contained contradictions. For example, one young person's risk assessment, dated 24 April 2017, still stated the previous requirement for two-to-one staffing.

The home did not demonstrate that young people's care plans are made and updated in consultation with, and with the permission of, their placing authority. The home's missing protocol, in respect of one young person, stated that notification that she was missing should be made after one hour. Inspectors requested evidence that this decision was made in conjunction with her placing authority. This was not provided during the monitoring visit. Subsequent information submitted to Ofsted indicates that agreement for this missing protocol was sought from her placing authority at 8.30pm on 27 April 2017, and received on 28 April 2017. This demonstrates that young people's care plans are not made and updated in conjunction with their placing authorities.

Staff lack the appropriate knowledge and understanding to keep young people safe. Inspectors observed further shortfalls in the home's care plans for young people; documentation was inconsistent and failed to provide clear guidance to staff on caring for young people safely. For example, one young person's risk assessment, dated 24 April 2017, included a risk of sexual exploitation, yet a risk assessment dated 30 March 2017 did not mention this risk. A learning and support journey document, dated 8 April 2017, also included a risk of sexual exploitation. In discussion, the manager informed inspectors that this young person was not at risk from child sexual exploitation.

Risk assessments fail to provide accurate information to staff, and fail to protect a young person according to her needs. A young person's risk assessment, dated 30 March 2017, stated that she, 'Must speak in Arabic during family contact'. Managers informed inspectors that this was an error; it should have read the young person, 'Must not, speak in Arabic during family contact'.

Staff did not demonstrate an awareness of young people's individual restraint needs. Staff informed inspectors that as part of their physical intervention training, they receive training in single-person holds. They informed inspectors that single-person holds were permissible for young people in the home. However, the behaviour management plan of one young person, states that any restraint should be a two-person hold.

Young people's plans and staff understanding of their needs is unclear. The home was unable to demonstrate that young people were being cared for safely, according to their individual needs.

The needs of one young person were a particular focus of the compliance notice, due to inspectors noting inadequacies in staff practice at the full inspection. Evidence at the monitoring visit did not indicate that staff knew, understood and provided care that met this young person's needs. The young person had been offered a smoking cessation session, but had declined this. Staff did not demonstrate a tenacious enough approach to supporting the young person's smoking cessation. The young person was subject to bullying, which she phoned the police to report. The home did not demonstrate a proactive anti-bullying stance. A

document dated 6 April 2017 (staff signing sheet) indicates that only three staff had read the young person's updated care plan documentation.

This compliance notice is unmet.

Compliance notice relating to the leadership and management standard (Regulation 13(2)(c) and (e))

The steps laid out in this compliance notice require the registered person to ensure that staff have the experience, qualifications and skills to meet the needs of each young person and to ensure that the home's workforce provides continuity of care to each young person. There were shortfalls in respect of complying with Regulation 13(2)(c) and (e).

The continued heavy use of agency staffing does not provide continuity of care for young people. The use of agency staffing in the home remains significant, with some agency staff lacking relevant childcare skills and qualifications. Staff induction records lack detail and do not sufficiently demonstrate that staff understand and are able to meet the needs of young people.

Records showed that staff do not demonstrate the skills and knowledge required for the safe use of physical intervention. Staff in the home have recently completed physical intervention training. However, inspectors noted continued poor practice in restraints. On 18 April 2017, the deputy manager was alone in the home with the responsible individual. Three young people were present in the home at the time. A lack of staff on duty meant that the responsible individual was involved in the restraint of a young person while not having up-to-date physical intervention training. The hold used on the young person was a single-person hold, which was not permissible in her behaviour management plan. In addition, restraint records and incident reports evidenced inconsistent and inaccurate record-keeping about this restraint.

Training records in the home lacked sufficient detail to enable managers to monitor training effectively. On the day of the monitoring visit, the appointed deputy manager, whose recruitment checks are not completed, produced a matrix of staff training; this was presented to inspectors in the afternoon of the monitoring visit. The training matrix provided a log of some staff training, but did not provide a full record of online staff training and did not include the date that online training was started or completed. Inspectors were presented with no evidence to demonstrate that managers had monitored staff training in line with requirements.

The home was unable to demonstrate that all staff have competent safeguarding knowledge and skills. The staff-training matrix indicated that only two staff have completed training on child sexual exploitation. Inspectors read the minutes of the service improvement meeting, dated 3 April 2017. Minutes indicate that the manager informed staff of safeguarding expectations, but failed to explore and verify their

understanding. Inspectors found the minutes of this meeting to be confused and that they did not provide clarity to staff.

There was insufficient evidence provided to inspectors to demonstrate that the home uses feedback from children to develop the quality of care. The regulation 44 independent visitor's report of the visit dated 18 March 2017 states that there is, 'No evidence of young people's views being listened to or acted upon from house meetings'. Children do not feel listened to and inspectors were concerned at the poor quality of relationships and communication between staff and young people. For example, the young people informed inspectors that they believed they were facing criminal charges after an incident of police intervention in the home. Managers informed inspectors that they did not intend to press charges; however, they had not communicated this to the young people, they told inspectors that this was because the young people do not listen to them. They had failed to take action to address this issue via any other means. This fails to demonstrate respectful, open communication between staff and young people in the home.

This compliance notice is unmet.

Compliance notice relating to fire safety (Regulation 25(1)(c and d))

The steps laid out in this compliance notice relate to fire safety in the home. Good progress has been made in this area; the compliance notice has been met.

The home's fire records are now complete and up to date. Records indicate that fire drills have been undertaken within stated timescales, with staff and young people in attendance. The home's fire risk assessment has been updated. The fire risk assessment now includes consideration of the risk of young people smoking in their bedrooms. Fire safety training has been undertaken with all young people in response to this risk. Young people understand and demonstrate that they can follow fire safety procedures. All staff have updated their fire safety training and all new staff receive induction in fire safety procedures prior to working in the home. Fire records indicate that staff understand and can follow the home's fire safety procedures effectively.

All steps in this compliance notice are met.

Compliance notice relating to the experience, qualifications and skills of the registered manager (Regulation 28(1)(b)(i))

The steps laid out in this compliance notice require that a person who manages a home has the appropriate experience, qualifications and skills to manage the home effectively and lead the care of young people. There were shortfalls in respect of complying with Regulation 28(1)(b)(i).

Monitoring of this compliance notice took into account that a senior manager had taken over the day-to-day management of the home.

The manager failed to demonstrate that she has sufficient, up-to-date safeguarding skills to lead the home effectively. The manager informed inspectors that she had undertaken level 3 safeguarding training, approximately two years previously. She was unable to provide evidence of her training certificate during the monitoring visit. She failed to submit this to inspectors following their visit, as requested.

The local authority designated officer told inspectors that the manager had consistently failed to follow safeguarding procedure effectively in respect of allegations against staff. Discussion with the local authority designated officer on 27 April 2017 raised concerns about the safeguarding practice in the home, and the manager's understanding of safeguarding. The manager has undertaken her own investigation into allegations against staff without prior consultation with the local authority designated officer. This does not follow local authority safeguarding protocol.

Managers do not demonstrate a commitment to following safe recruitment practice in the home. On the day of the monitoring visit, inspectors observed that a new member of staff, was awaiting a Disclosure and Barring Service check and without a contract of employment, was being used in the home to undertake key pieces of work. Managers had not assessed the risk of his attendance in the home or put into place safeguarding guidelines. He has attended team meetings and training and has had access to information about children.

The regulation 44 visitor has consistently highlighted areas for improvement in the practice of the home. Management response to her recommendations has been variable. For example, the report of a visit dated 21 January 2017 highlights the fact that medication storage in the home is insecure. On the date of the monitoring visit, 27 April 2017, a medication cabinet had been purchased but awaited installation. The regulation 44 report of a visit on 18 March 2017 states that, 'A new culture of blame has emerged in the home'. The manager informed inspectors that she disagreed with this statement; she had not taken steps to explore this issue further.

Senior managers failed to demonstrate that sufficient support and monitoring was in place in the home. In respect of the support of the manager's practice the responsible individual, informed inspectors that he had visited the home regularly. Inspectors requested a copy of staff signing-in sheets to verify his visits. These were not available to inspectors, having been sent to head office for payroll purposes and archiving. Signing-in sheets were not provided to inspectors in the afternoon of the monitoring visit as requested.

Management oversight remained a significant shortfall. Inaccuracies in the home's care plans for young people and documentation were widespread; a lack of

management monitoring meant that errors remained uncorrected. Shortfalls in the quality of minute-taking at key meetings resulted in poor quality and confusing minutes that remained uncorrected. When the manager had signed off key documents, including the incident reports and restraint log of 18 April 2017, she had failed to note and explore inconsistencies and inaccuracies in recording. This does not demonstrate effective management monitoring in the home, and means that staff refer to incorrect and unclear documentation to guide their practice.

This compliance notice is unmet.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
06/03/2017	Full	Inadequate

Children's home details

Unique reference number: 1234163

Provision sub-type: Children's home

Registered provider: Jamores Limited

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

Responsible individual: James Adebayo

Registered manager: Julie Baptiste

Inspectors

Lucy Chapman, social care regulatory inspector
Sophie Wood, regulation inspection manager

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