

1245390

Registered provider: DMR Services Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This children's home is privately owned and is registered to care for up to five children who have emotional and/or behavioural difficulties.

Inspection dates: 10 to 11 May 2017

Overall experiences and progress of children and young people, taking into account

requires improvement to be good

How well children and young people are helped and protected

requires improvement to be good

The effectiveness of leaders and managers

requires improvement to be good

The children's home is not yet delivering good help and care for children and young people. However, there are no serious or widespread failures that result in their welfare not being safeguarded or promoted.

Date of last inspection: Not applicable

Overall judgement at last inspection: Not applicable

Enforcement action since last inspection: Not applicable

Key findings from this inspection

This children's home requires improvement to be good because:

- Managers should give careful consideration to the needs of the children already living in the home when making decisions about children moving into the home.
- Clear advice should be sought from medical professionals if children refuse to take prescribed, essential medication.
- Staff and managers should support children to manage peer relationships positively.

The children's home's strengths:

- Children have reduced risk-taking behaviours. Staff are experienced and knowledgeable in working with, and effecting change in, children vulnerable to sexual exploitation.
- Children are in education and training, and are making good progress.
- There is a good programme in place to support children's understanding of, and management of, the risks associated with the use of digital technology.

Recent inspection history – not applicable

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>The protection of children standard is that children are protected from harm and enabled to keep themselves safe.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that staff have the skills to identify and act on signs that a child is at risk of harm. (Regulation 12(1) and (2)(a)(i))</p> <p>And—</p> <p>that staff manage relationships between children to prevent them from harming each other. (Regulation 12(1) and (2)(a)(iv))</p>	31/08/17
<p>Engaging with the wider system to ensure that each child's needs are met.</p> <p>The registered person must, and must ensure that staff—</p> <p>challenge the placing authority or the relevant person to seek to ensure that each child's needs are met in accordance with the relevant plans. (Regulation 5(c))</p>	31/08/17

Recommendation

- The registered person must ensure that staff have the relevant skills and knowledge to respond to the health needs of children and, where necessary, meet specific individual health needs arising from other complex health needs. ('Guide to the children's homes regulations and quality standards', page 34, paragraph 7.12)

This is with particular reference to addressing the health needs of children who are refusing to take prescribed medication.

Inspection judgements

Overall experiences and progress of children and young people: requires improvement to be good

Children in this home have experienced significant change in the last six months. In November 2016, the staff and some of the children moved from an established home to a new house, and this has been subject to a new registration. In addition, there has been a change of manager and a number of staff have moved on. There is a recently appointed home manager who has submitted an application to become registered.

This inspection identified weakness in a risk assessment in respect of a child moving into the home. This was as a result of managers not having all essential information when agreeing the placement. Subsequently, this child was involved in an incident of harm to another child, leading to the unplanned ending of the placement and serious consequences for the other child.

Despite the weakness in admission planning, most of the children have made progress from their starting points, particularly in education and building relationships. Three children, who moved with the staff from the previous location, continue to live in the home and make progress. One child has moved on to independent accommodation as part of their agreed plan. This has been a positive move. Another child has been admitted and she is making positive progress.

Children who have had difficult experiences in education are achieving, and in some cases are making exceptional progress. All of the current residents are in full-time education or training and have education plans in place. A member of staff is given lead responsibility for overseeing education attainment. She has developed good working relationships with each placing authority's virtual school teams. Two young people are undertaking vocational courses in college. Staff receive very positive feedback from education professionals about their performance and contribution when supporting young people in college. Two young people are taking GCSE courses. The education lead ensures that the young people have access to advice and resources and she supports them with homework. There are clear rewards and incentives in place to encourage the group to achieve and staff are aspirational for the children, celebrating and promoting progress.

All of the children have detailed health plans that include advice and guidance about preventative health issues. Staff encourage healthy diets, daily activities and exercise to support good health. Children are registered with a local general practitioner, dentist and optician. Where there are specialist health needs, children are referred to the relevant resources. Staff support children to attend appointments and reinforce good health in individual key work sessions.

This inspection identified that there is a need for explicit strategies and clear advice for staff when children refuse prescribed, essential medication. One child had refused medication over a period of time. It is likely that, by refusing medication, there was some impact to this child's behaviours. A recommendation is made about this.

Some children have used a range of substances prior to moving into the home. Staff

monitor this, seek advice and refer to a substance misuse counsellor. The substance misuse counsellor is part of the provider's multidisciplinary team that works with young people. For one child, there has been a significant reduction in substance misuse post admission. However, managers have not demonstrated how they have considered what impact this has on the child's health or behaviour needs.

Children are consulted about their care and their plans. There are regular questionnaires that children complete. These are reviewed, discussed and acted on. There are residents' meetings that all children generally contribute to. However, the manager has recognised that this is an area for further development. Children could be more involved in plans for the home, children's meetings could be more creative, and the recording of the meetings could more effectively demonstrate the outcomes of consultation.

Children's records are generally well organised and up to date. They include information about each child's heritage, culture and identity to ensure that individual needs are identified and met. However, one child's records did not have all of the necessary information at the point of admission and this has had an impact on the outcomes for the placement. The child has moved on in an unplanned way.

All of the children in the home are developing independence and life skills. There is a lead member of staff who monitors this and a programme that all of the young people engage with. All children have personalised bedrooms. They are encouraged to take responsibility for their room and to help in the home. They enjoy cooking and help with planning menus and the shopping for meals. Children also help to care for pets in the home.

The home has a calm, comfortable atmosphere. The children generally get on well with each other and with the staff. They are building positive, healthy relationships. The managers identified that they wanted to improve meal times. Some of the children prefer to cook their own meals, but this means that there are a reduced number of occasions when the group eat together. The managers have recently implemented a more structured routine. They see this as an opportunity to role model healthy eating and good routines.

Staff facilitate and promote contact with family members and friends. Social workers report that staff are effective advocates for the children, and that they are particularly proactive in arranging contact visits.

One child said that, when she first moved to this home, she did not like it and did not want to be there. This was because it was away from her family and friends. She went on to say that she can see how living in this home has helped her, and that she is doing much better at college and wants to get on now and 'make something of her life'. Another child said she really believes that the staff have helped her. She gets on with the staff and knows that she can talk to them about anything.

How well children and young people are helped and protected: requires improvement to be good

Pre-admission risk assessments are undertaken to inform decisions about referrals to the

home, considering the needs of the children already living in the home. However, home managers reported that some essential, helpful information was not sought about a child prior to admission. This means that risks were not fully assessed or understood. The inspector has identified in the records and in discussions with staff that insufficient weight was given to known risks, or to the combination of risks, once the child was admitted to the home.

All children have detailed risk assessments and risk reduction plans. They also have individual behaviour management plans that inform staff who work with children. There were a small number of incidents of bullying, intimidation and racist behaviour, leading up to a serious incident in the home, when one child physically assaulted another child. During this incident, a child was injured and there have been serious consequences for the other child.

Children said that they had felt safe in the home, but began to feel unsafe following the admission of a child. Incidents, such as bullying, were investigated and sanctions were implemented. However, it is clear that children were unwilling, or felt unable, to share all information with staff at that time. The manager should ensure that staff help children to manage relationships positively. A requirement is made to address this.

Children have reduced risk-taking behaviours while living in this home. Staff are experienced and knowledgeable in working with and effecting change with children vulnerable to sexual exploitation. The home's location and the security of the building and grounds support this. There are very few missing incidents. When children have left the home without permission, staff have followed them and supported them to return.

When children move into the home, they have a four-week period of assessment. During this time, they have limited access to digital technology. They are supported to undertake an awareness-raising programme about the risks of digital technology and safe relationships. This has proved effective in changing behaviours and reducing risks. This has also influenced children to invest in building positive relationships with staff and peers.

Some children have associated with gangs prior to moving in to the home. Others have been involved in criminal behaviour and substance misuse. All children are supported to reduce and cease substance misuse and criminal behaviours. Individual key work sessions address a range of risks and concerning behaviours. Staff reinforce positive changes in behaviours and agree aspirational targets and incentives for the children. Progress is celebrated. One child told me that her incentive to continue doing well was going to see a favourite music artist at a well-known venue. She was really excited about this.

Some of the children have low self-esteem due to difficult life experiences and require referrals to specialist services for support. In some cases, there have been delays in accessing resources. Staff and managers have raised this with placing local authorities. There has been some self-harming behaviours by children that staff have responded to sensitively and sought advice appropriately. Staff maintain records of self-harming incidents to inform risk assessments. This has helped to build a picture that has informed multi-agency meetings and decisions about care planning for a particular child. Staff and

managers make appropriate referrals to the placing local authority social workers.

The effectiveness of leaders and managers: requires improvement to be good

The managers have not fully ensured that they have all of the relevant information to inform pre-admission risk assessments and to enable them to give full consideration to the needs of the children already living in the home. The managers recognise that, in the case of one child who moved into the home, there were some deficits in the understanding of her needs and behaviours. Some key information was not received until after she moved in. There were some incidents of concern leading up to a serious incident that were responded to individually, rather than identifying a pattern emerging. It is clear that children did not share all information about the impact to them until after the incident. Managers are convening a multi-agency meeting to review information, to learn lessons from the events and to make recommendations to improve practice.

Managers have not been sufficiently robust in challenging placing local authorities in relation to sharing all relevant information prior to admitting children to the home and during the placement. A requirement is made to address this.

The registered manager has recently moved on from the home and a new manager has been appointed. She has a range of relevant qualifications and experience of working within children's services. She is undertaking the level 5 leadership and management qualification. The deputy manager is experienced and has worked in children's homes and with this provider for a number of years.

Social workers and a police liaison officer were positive about partnership working with the staff and managers. They reported that staff are proactive in sharing information and contact the police appropriately. Schools and colleges have worked closely with the education lead and staff to support children's progress.

Staff have regular team meetings and monthly case management meetings, in which the progress of each child is discussed. Staff receive training and supervision. They say that this supports their development. Management practice is flexible. They respond to supervision needs as they arise, as well as having planned supervision times.

Managers prioritise safeguarding training. Staff and children have received training, delivered by a specialist resource, to enhance their understanding of safeguarding. They are able to recognise and reduce bullying behaviours.

There are a number of vacancies that the manager is recruiting to. Currently, shifts are being covered by staff from within the provider group and by agency staff familiar to the children. There are sufficient staff on duty to meet the needs of the children and ensure that they are able to access activities and social opportunities. Staff report that there is a thorough induction process.

There are a range of quality assurance mechanisms in place. The manager is revisiting current processes with the deputy and senior management team. This will include a review of independent visitor reports to ensure that they are sufficiently robust to challenge weaknesses. Managers accept that there are some areas of practice and management that require improvement; however, they are committed to addressing

these and they are developing an improvement plan.

Information about this inspection

Inspectors have looked closely at the experiences and progress of children and young people. Inspectors considered the quality of work and the difference made to the lives of children and young people. They watched how professional staff work with children and young people and each other and discussed the effectiveness of help and care provided. Wherever possible, they talked to children and 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.

Using the 'Social care common inspection framework', this inspection was carried out under the Care Standards Act 2000 to assess the effectiveness of the service, how it meets the core functions of the service as set out in legislation, 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'.

Children's home details

Unique reference number: 1245390

Provision sub-type: Children's home

Registered provider: DMR Services Limited

Registered provider address: DMR Services, 102 Queslett Road East, Sutton Coldfield B74 2EZ

Responsible individual: Sally Neville

Registered manager: Post Vacant

Inspector

Cathey Moriarty, social care inspector

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