

1237027

Registered provider: Jamores Limited

Full inspection

Inspected under the social care common inspection framework

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 dates: 20 to 22 June 2017

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

How well children and young people are helped and protected inadequate

The effectiveness of leaders and managers inadequate

There are serious and/or widespread failures that mean children and young people are not protected or their welfare is not promoted or safeguarded.

Date of last inspection: 15 November 2016

Overall judgement at last inspection: Good

Enforcement action since last inspection

Ofsted conducted a monitoring visit to the home on 4 April 2017.

Key findings from this inspection

This children's home is inadequate because:

- The home's current management arrangements are not strong. Leaders and managers of the service have inadequate oversight of the service.
- Efforts to improve the quality of the service are not effective.
- Management of incidents when staff restrain children do not promote safe practice and records of these incidents are inadequate.
- Some staff do not demonstrate a good understanding of action to take if a child makes an allegation against a member of staff.
- Managers have failed to resolve all shortfalls highlighted at the previous inspection following Ofsted's monitoring visit.
- Managers do not promptly address weaknesses highlighted during regulation 44 monitoring visits.
- Recording of key information and logs is inaccurate and incomplete.
- Staff do not consistently obtain appropriate consent from placing authorities.
- The staff training programme is not dynamic. The training offered does not provide staff with the key knowledge and skills they require to offer therapeutic care.

The children's home's strengths:

- Children share very positive relationships with the staff team.
- Children's experiences at the home are generally good and some make fair progress.
- The frequency of incidents where children are absent from the home without permission or missing is reducing.
- The frequency of children exhibiting extreme challenging behaviour has declined.
- The organisation employs specialist staff to support children's behavioural management and improve their educational outcomes.

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>39: Complaints and representations</p> <p>(3) 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>	01/09/2017
<p>35: Behaviour management policies and records</p> <p>(3) 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 record is made which includes—</p> <p>(i) the name of the child;</p> <p>(ii) details of the child's behaviour leading to the use of the measure;</p> <p>(iii) the date, time and location of the use of the measure;</p> <p>(iv) a description of the measure and its duration;</p> <p>(v) details of any methods used or steps taken to avoid the need to use the measure;</p> <p>(vi) the name of the person who used the measure ("the user"), and of any other person present when the measure was used;</p> <p>(vii) the effectiveness and any consequences of the use of the measure; and</p> <p>(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> <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> <p>(i) has spoken to the user about the measure; and</p> <p>(ii) has signed the record to confirm it is accurate; and</p> <p>(c) within 5 days of the use of the measure, the registered</p>	01/09/2017

<p>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 a description of any injury to the child and ensuring the authorised person records that they have spoken to the user about the measure. The authorised person is to sign the record to confirm it is accurate. (Regulation 35 (3)(a)(viii)(b)(i)(ii))</p>	
<p>12: The protection of children standard In order to meet the protection of children standard, the registered person is to ensure—</p> <p>12.—</p> <p>(2) In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>(a) that staff—</p> <p>(i) assess whether each child is at risk of harm, taking into account information in the child’s relevant plans, and, if necessary, make arrangements to reduce the risk of any harm to the child;</p> <p>(ii) help each child to understand how to keep safe;</p> <p>(iii) have the skills to identify and act upon signs that a child is at risk of harm;</p> <p>(iv) manage relationships between children to prevent them from harming each other;</p> <p>(v) understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person;</p> <p>(vi) take effective action whenever there is a serious concern about a child’s welfare; and</p> <p>(vii) are familiar with, and act in accordance with, the home’s child protection policies;</p> <p>In particular, that staff conduct restraints as outlined in children’s individual behavioural management plans. That senior staff conduct and record comprehensive investigations of incidents where children report injuries or harm due to staff restraining them. (Regulation 12(2)(v)(vi))</p>	<p>13/08/2017*</p>
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<p>6: The quality and purpose of care standard</p> <p>In order to meet the quality and purpose standard, the registered person is to—</p> <p>(b) ensure that staff—</p> <p>provide to children living in the home the physical necessities they need in order to live there comfortably.</p> <p>In particular, that the lounge area is re-decorated, the kitchen area re-modernised and graffiti on a bedroom door be removed. (Regulation 6(2)(b)(vii))</p>	01/09/2017
<p>13: The leadership and management standard</p> <p>In order to meet the leadership and management standard, the registered person must—</p> <p>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. (Regulation 13(2)(h))</p>	01/09/2017

<p>33: Employment of staff</p> <p>The registered person must ensure that all employees—</p> <p>(a) undertake appropriate continuing professional development.</p> <p>In particular, that staff training has a focus on attachment, loss, abandonment and trauma. (Regulation 33(4)(a))</p>	<p>01/09/2017</p>
<p>16: Statement of purpose</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. (Regulation 16(3)(a)(b))</p>	<p>01/09/2017</p>
<p>40: Notification of a serious event</p> <p>(4) The registered person must notify HMCI and each other relevant person without delay if—</p> <p>(a) a child is involved in or subject to, or is suspected of being involved in or subject to, sexual exploitation;</p> <p>(b) an incident requiring police involvement occurs in relation to a child which the registered person considers to be serious;</p> <p>(c) there is an allegation of abuse against the home or a person working there;</p> <p>(d) a child protection enquiry involving a child—</p> <p>(i) is instigated; or</p> <p>(ii) concludes (in which case, the notification must include the outcome of the child protection enquiry); or</p> <p>(e) there is any other incident relating to a child which the registered person considers to be serious.</p> <p>(5) A notification made under this regulation—</p> <p>(a) must include details of—</p> <p>(i) the matter;</p> <p>(ii) the other persons, bodies or organisations (if any) who or which have been notified;</p> <p>and</p> <p>(iii) any actions taken by the registered person as a result of the matter;</p> <p>(b) must be made or confirmed in writing. (Regulation 40(4)(a)(b)(c)(d)(e))</p>	<p>01/09/2017</p>

* These requirements are subject of a compliance notice.

Recommendations

- To ensure that the home's records on each child represent a significant contribution to their life history. ('Guide to the children's homes regulations including the quality standards', page 62, paragraph 14.5) In particular, that the learning and support document is explicit about the progress children are making.

Inspection judgements

Overall experiences and progress of children and young people: inadequate

Although children and young people make progress while living at this home, it is judged to be inadequate due to shortfalls in leadership and management and practice to keep children safe. In line with revised Ofsted guidance, the inadequate judgement of the protection of children outcome area is a limiting judgement. This means that the overall judgement for the home is inadequate.

Children receive personalised care tailored to help meet their identified needs. Their experiences at the home are positive; they feel safe and know who to approach if they have concerns or worries. Young people are complimentary about the care they receive, they feel listened to and believe that staff are interested in their well-being. One child commented, 'It's lovely compared to my other home. Staff are very friendly. I like my key worker, she's so weird. I like her, she's quirky, outgoing and doesn't care what anyone thinks. I like that.' Children participate in day-to-day decisions about their care. For example, children have a choice of meals and activities, and help choose the décor of the home.

Children new to the home feel welcome. Careful care planning ensures that staff understand placement objectives and how the service intends to meet the children's identified needs. The home's matching form is clear in outlining how managers make decisions about referrals. Senior staff consider the impact of any new admissions on existing children in placement. This is to ensure that the service meets children's needs and that risks to children are minimised.

Children receive care that promotes their dignity. The service meets children's identity needs well. For example, staff hold discussions with children that explore their cultural heritage. This encourages children to feel positive about their backgrounds. Children work with key workers who reflect their gender and race. This supports positive role modelling and enhances children's self-esteem.

Children know how to complain and some children have advocates to support them. The monitoring visit of April 2017 highlighted the need for the service to record all complaints and outcomes of any investigation. This issue is yet to be resolved, as the home's complaints log still fails to highlight all complaints received and their outcomes. This is a deficit, as it is important to ensure that complainants are aware of, and informed of, any

action taken in response to their complaints.

Children's education is a high priority for the service. Currently, no child is attending mainstream school or college. Instead, children are receiving home tuition and exploring alternative learning provision. This is in agreement with the placing authorities. The service has very recently recruited an educational consultant to assess the learning abilities of children who do not attend mainstream school. This is to better gauge and identify children's most appropriate learning options. There is some evidence of children developing independent living skills. Staff encourage children to attend to their personal care, be responsible for tidying their rooms and support meal preparation.

Children have access to a range of leisure activities of their choosing. Recent activities have included go-karting, trips to the cinema, and trips to the local park. Children are supported and encouraged to regularly socialise with their friends and families.

Children generally live healthy lifestyles and they readily access primary healthcare services to help them maintain good health. Staff discuss with children any drug or alcohol misuse in an effort to minimise the risks posed by such behaviour. Staff are aware of the impact of learning disabilities on children's lives and modify the nature of care offered to ensure that it meets individual needs, including communication.

Children's mental health and emotional well-being improves due to the work offered by the organisation's art therapist. In some instances, this results in improvements in children's anger management and communication. For one child, the agreement to meet with the therapist will be the first time they have agreed to engage with a mental health professional. The child now has a better understanding of the need to explore long-standing emotional difficulties, including depression. The service has also very recently recruited a behavioural support practitioner. The post-holder plans to help support children to explore emotional and behavioural issues, and to offer staff advice and strategies to manage behavioural difficulties.

Children maintain good contact with their family members and friends, if it is safe for them to do so. Staff and social workers negotiate contact arrangements that facilitate safe meetings between children and their significant others. This is to maintain established family relationships and promote children's positive sense of heritage. If children choose not to have contact with their parents, staff respect this and explore issues with children sensitively. This gives young people an opportunity to explore, in a safe environment, their family relationships and dynamics.

How well children and young people are helped and protected: inadequate

Weaknesses in staff's management and recording of restraint mean that children are not always safe when staff use physical intervention. This is a cause for concern.

The previous monitoring visit highlighted shortfalls in the recording of information when children are restrained. Managers have since made amendments to the reporting format to address this shortfall. However, despite this, records still do not accurately reflect the experiences of some children when they are restrained. For example, in one instance, an entry in the restraints log indicates that there was no injury to a child following restraint. The home's incident log, however, indicates that this same child had complained that he

had been hurt during the incident and was unhappy about the nature of the intervention. Managers failed to recognise and explore the discrepancy in records, including the disparity between the child's experience and staff's account of the incident. It remains unclear whether the staff member who recorded the restraint was the same person involved in the intervention, and whether this was the same person spoken with by the manager, as required. The last inspection highlighted this as a cause for concern and the practice has not improved. Managers appear not to have initiated an investigation into the entire event. This deficit poses risks to children's safety as the appropriateness of practice has not been considered. Other restraint records are poorly filled in and do not always demonstrate management oversight. It is not always clear who has completed the record and if the record has been reviewed by the manager or if the child has been spoken to after the incidence of restraint.

Managers state that all staff receive training in de-escalation techniques and physical intervention. Children's case files provide staff with clear, written guidance about the nature of any restraint technique to be used with children. In the highlighted incident, it is not clear whether the technique used was in accordance with those recommended in the child's behaviour management plan. Staff's apparent failure to adhere to recommended guidance and the failure of the service to investigate the course of events poses significant risks to children.

Staff receive training in child protection and they have access to the agency's revised child protection policies and procedures. Managers use team meetings and individual supervision to explore further safeguarding issues. Despite these measures, some staff do not demonstrate good knowledge of the action to take in the event that a child makes an allegation of abuse against a member of staff. This does not promote safe practice to ensure the safety of all children. The designated officer has closed previous enquiries into allegations made against members of the staff team.

Since the last inspection, the service has developed and introduced revised policies and procedures to manage unauthorised absence when children go missing. Staff are aware of new procedures and take effective action when children are away from the home without permission. Recently, there has been a significant decline in the frequency of children reported missing. For some children, going missing and concerns around sexual exploitation have declined significantly to the point where they are no longer placement issues. Children do not experience bullying or discrimination. Staff have received training in the prevention of cyber-bullying, radicalisation and extremism. This is to help keep children safe.

Children's risk assessments are comprehensive and up to date. These identify known and anticipated risks, and offer staff strategies to minimise these. Staff set clear boundaries and children receive help and support to manage their behaviour and remain safe. This aspect of their care has improved since the last inspection. Recently, there has been a significant decline in the number of incidents where children exhibit extreme challenging behaviour. Children benefit from regular sessions with the organisation's art therapist, who also offers support and guidance to staff in managing children's feelings and emotions.

Staff make appropriate use of incentives and sanctions to discourage poor behaviour. They now also make better use of restorative approaches to care. Key-work sessions and

one-to-one meetings focus on exploring children's feelings and encouraging them to take responsibility for their actions. Managers are confident that the development of the behavioural support practitioner role will further support staff efforts to promote children's positive behaviour.

The home's staff vetting practices are generally in line with safe staff recruitment policies. This confirms that staff are suitable to work with vulnerable children.

The previous monitoring visit raised concerns for the home's fire precaution measures. Managers have since been in contact with an independent fire consultant who is due to review the home's fire procedures and practices. This is to ensure that children, staff and others are safe from fire hazard.

Some areas of the building require redecoration. Children say that the building could be brighter and more comfortable. When asked about service improvements, a member of staff commented, 'The building could do with a facelift.' This is particularly the case regarding the lounge area and the kitchen. Staff are yet to removed graffiti left by a former resident, who left some time ago, on the inside of a door of a now vacant bedroom.

The effectiveness of leaders and managers: inadequate

The inspection identifies significant weaknesses in the leadership and management of the service. This has a negative impact on managers' efforts to ensure children receive safe care and that staff promote children's well-being.

The home has a permanent registered manager who is also a director of the organisation. At present, the registered manager is also the manager of another home and is not effective in the day-to-day management of this home. Instead, there is an interim manager in place. This interim manager is also the manager for a third children's home that the organisation owns. She, therefore, splits her time between the two homes. These arrangements are unsatisfactory, as management overview of the service is too thin, making it ineffective and inefficient. Current arrangements do not promote the quality of safe care for all children.

The home's monitoring systems are poor, and do not provide insight into the strengths and weaknesses of the service. The home's internal quality assurance systems are still in development, and are not yet established. Regulation 44 independent monitoring visits occur on a monthly basis. However, managers do not address key deficiencies highlighted, or promptly or effectively address the many shortfalls. These remain unresolved. Additionally, some issues raised at the previous inspection and the monitoring visit also remain unresolved. This delay is unsatisfactory.

The home's staffing levels are appropriate to meet the needs of children. Staff feel well supported by the organisation and they now receive regular, formal supervision. This was not the case at the previous monitoring visit.

The quality of staff training opportunities is a cause for concern. While staff have access to a wide range of training, much of this is accessible only as online training. Managers, therefore, do not have the opportunity assess staff's skills and knowledge in several

areas of their work. Staff receive training in child protection, but some staff do not demonstrate a good enough knowledge of safeguarding procedures. This deficit does not promote children's well-being and protection.

The service accepts referrals for children who exhibit, at times, extremely challenging behaviour and their support needs are high. The staff do not receive targeted training to help them understand children's experiences of attachment, loss, rejection or the effects of trauma, and how these experiences relate to the care that they need. The current training programme is not effective in equipping staff with key knowledge or skills required to ensure the care provided meets children's complex needs. This deficit means that there are missed opportunities to help maximise the children's potential and life chances. Managers acknowledge these shortfalls in staff training, and plan to involve the organisation's two therapists to help develop a more and appropriate staff training programme.

Managers monitor individual progress made by children. However, the home's learning and support log is not explicit in outlining children's progress. The recording tool requires further review if managers are to use the document to measure and demonstrate progress for individual children.

The service does not consistently notify Ofsted of key events as required by regulation. This denies the regulatory body of opportunities to review and confirm that staff and managers have taken appropriate action in response to critical incidents.

Recording of information is not consistently clear or accurate. A number of recording logs, when cross-referenced with others, provide contradictory accounts. This is the case for daily logs, the recording of critical incidents and restraint, and complaint logs. In one instance, a support worker mistakenly signed consent forms agreeing to the placement, as well as the administration, of medication and any medical attention required. Staff had failed to obtain appropriate consent from the placing authority. This compromises the validity of the placement. Staff documentation in some areas is poor. Weak management oversight does not improve the quality of information held about children. This impacts detrimentally on the children's care and safeguarding arrangements.

The previous monitoring visit required managers to revise the home's statement of purpose. Managers have since updated the document. However, the statement of purpose requires further amendment. This is to inform stakeholders of newly recruited specialists, who can work directly with children. The children's guide does offer children a good summary of what they can expect from the service.

Staff's partnership working with external professionals is consistent and effective. This is particularly true of the field social workers and educational professionals. Communication with external personnel is good. This supports the effective co-ordination of children's care. Feedback from local authority staff on children's progress and care planning is largely positive.

The current management arrangements of the service do not promote strong leadership. As a result, management oversight is ineffective in promoting safe and high-quality care to children.

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: 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

Sandra Jacobs-Walls, social care inspector

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Piccadilly Gate
Store Street
Manchester
M1 2WD

T: 0300 123 1231
Textphone: 0161 618 8524
E: enquiries@ofsted.gov.uk
W: <http://www.gov.uk/ofsted>

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