

1247390

Registered provider: Partnerships In Care 1 Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This children's home is operated by a national provider of services for children and adults. It is registered to provide care and accommodation for up to eight young people who have a mental disorder, specifically those who display self-injurious and risk-taking behaviours. A multi-disciplinary team supports young people with their mental health. This home is also registered with the Care Quality Commission.

Inspection dates: 12 to 13 July 2017

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

How well children and young people are helped and protected good

The effectiveness of leaders and managers requires improvement to be good

The children's home provides effective services that meet the requirements for good.

Date of last inspection: This is the first inspection since the home was registered in December 2016

Overall judgement at last inspection: Not applicable

Enforcement action since last inspection

None

Key findings from this inspection

This children's home is good because:

- Young people are cared for with warmth and understanding. In this nurturing environment young people develop positive and trusting relationships. The strength of relationships with staff helps young people to communicate their feelings and seek help when they do not feel safe.
- Young people learn new ways to manage their difficult feelings and to understand where these feelings come from. By using alternative ways of coping and recognising the triggers to negative thoughts, young people are able to reduce the harm to themselves.
- A reduction in self-harm enables young people to feel better about themselves and leads to successful engagement with education, volunteering, clubs and activities.
- The skills and experience from a multi-disciplinary team ensure that risk management is strong and informed by current research and clinical practice. Young people benefit from the in-house team of therapists, avoiding the need to access community health services.
- Young people are central to their care planning. With staff support, young people identify how they want help with managing their behaviours and reducing risks. Young people develop trusting relationships with the staff through open communication. Parents and professionals report that communication from the manager and staff is good.
- Young people report that they feel safe at this home, and are listened to. In addition to the staff team an independent advocate seeks the wishes and views of young people through regular visits.

The children's home's areas for development:

- Records are stored across several systems, making it difficult to monitor them. Incomplete records fail to list the cultural needs of young people and whether staff have received supervision.
- An effective system for monitoring the quality of care is required. In addition, the registered manager must submit a report to Ofsted that reviews the quality of care provided for young people over the last six months.
- Any incident that requires medical intervention from a paramedic or unplanned attendance at a hospital should be considered a 'serious' incident and

consequently notified to Ofsted.

- There are areas of the home that are institutional in appearance. These are in stark contrast to the pleasant lounge areas and bedrooms that provide a homely comfortable space.
- Language used in written records occasionally contain words and descriptions such as 'absconding', 'shift' and 'money in hand'. Such institutional language should be avoided.

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 leadership and management standard</p> <p>The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children's home that helps children aspire to fulfil their potential; and promotes their welfare.</p> <p>In particular, the standard in paragraph (1) requires the registered person to use monitoring and review systems to make continuous improvements in the quality of care provided in the home.</p> <p>This is with particular reference to monitoring the home to ensure that:</p> <ul style="list-style-type: none"> ▪ Incident reports are evaluated to identify and record separately the number of incidents that involve restraint of young people and when young people go missing from home. ▪ Staff supervision is carried out regularly and recorded. <p>(Regulation 13(1)(2)(h))</p>	<p>31/08/2017</p>
<p>Employment of staff</p> <p>The registered person must ensure that all employees receive practice-related supervision by a person with appropriate experience.</p> <p>(Regulation 33(4)(b))</p>	<p>31/08/2017</p>
<p>Children's case records</p> <p>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.</p>	<p>31/08/2017</p>

<p>This is in particular reference to providing an audit trail and to cross-referencing records in order to have a comprehensive account of any incidents.</p> <p>(Regulation 36(1)(a))</p>	
<p>Notification of a serious event</p> <p>The registered person must notify HMCI and each other relevant person without delay if there is any incident relating to a child which the registered person considers to be serious.</p> <p>This is with particular reference to any incident that requires attendance at a hospital, excluding any planned appointments.</p> <p>(Regulation 40(4)(e))</p>	<p>14/07/2017</p>
<p>Review of quality of care</p> <p>The registered person must complete a review of the quality of care provided for children ('a quality of care review') at least once every six months.</p> <p>(Regulation 45(1))</p>	<p>31/08/2017</p>

Recommendations

- For children's homes to be nurturing and supportive environments that meet the needs of their children, they will, in most cases, be homely, domestic environments. Children's homes must comply with relevant health and safety legislations (alarms, food, hygiene etc.); however, in doing so, homes should seek as far as possible to maintain a domestic rather than 'institutional' impression. ('Guide to the children's homes regulations including the quality standards', page 15, and paragraph 3.9)
- Children should be able to maintain and develop their cultural or religious beliefs as far as practicable and where appropriate, through participation and instruction and by observing religious requirements including dress and diet. In order for staff to support young people effectively in maintaining and developing their cultural needs, care planning documents should identify these needs in consultation with young people. ('Guide to the children's homes regulations including the quality standards', page 17, and paragraph 3.22)
- Staff should be familiar with the home's policies on record-keeping and understand the importance of careful, objective and clear recording. Staff should

record information on individual children in a non-stigmatising way that distinguishes fact, opinion and third-party information. Information about the child must always be recorded in a way that will be helpful to the child. In particular, ensure that language used is appropriate and does not stigmatise children and young people because they live in a children's home. ('Guide to the children's homes regulations including the quality standards', page 62, and paragraph 14.4)

Inspection judgements

Overall experiences and progress of children and young people: good

Young people have positive experiences living in this home. The manager and staff team create a safe environment where young people feel able to interact with the adults who care for them. The strength of relationships gives young people confidence to engage with the therapy and support available.

Young people receive information about this home before moving here. There are many opportunities to ask questions during visits and overnight stays. Young people are prepared well for moving to this home, at their own pace and with an acknowledgement of key events in their life. For example, staff planned visits for a young person around the exam timetable and facilitated transport for at least a two-hour journey. Most young people have moved to this home from a hospital where there were many restrictions on their liberty. Young people like the fact that they can have mobile phones, leads to charge them, aerosols and make up, 'the things that are important to us'. Young people report that 'staff here trust you until you give them reason not to'.

A multi-disciplinary team provides different types of therapeutic support through individual sessions, group work and art therapy. In addition, young people have regular meetings with a key worker and they are encouraged to approach the manager or any member of staff to raise any suggestions or concerns they may have. Open communication is a strong feature of this home, and supports young people in making progress towards their recovery from self-injurious behaviour. Most young people leave this home with the strategies and confidence that enable them to live without the need for residential care. Young people either return to live with their families or move into supported housing, with some young people going to university accommodation. There are setbacks in recovery for some young people resulting in the need for in-patient care.

An independent advocate visits the home each week to be available for young people to discuss any concerns they may have. One outcome of the advocate meeting with young people is a contract for the safe and appropriate use of social media. Young people have received support from the advocate to write letters of complaint about health professionals in the community who have displayed dismissive attitudes towards their self-harm. Young people receive warmth and care from the adults at this home, helping them to develop their confidence and resilience.

Young people receive strong emotional support, helping them to engage and achieve in education. There are a range of options, including attendance at local colleges for vocational and academic courses, and in-house tuition for art towards Arts Awards. Some young people are preparing for university. To support a rich and varied activity programme young people are volunteering at a local radio station, animal shelters and local cafes. Some young people are learning to drive as they prepare for their young adult life. In addition, young people are encouraged to become 'experts by experience' for the Care Quality Commission by assisting with inspections of care services. The personal success for young people in their education, activities and interests contributes significantly to them feeling better about themselves and developing new ways of coping with, and managing, the feelings that lead to self-harm.

The health and medical needs of young people are met because experienced and qualified staff work effectively as a team. A young person says that she has more control of her feelings and impulsivity as a result of living here. 'This place has saved me, otherwise I would be going in and out of hospital.'

At the time of the inspection the group of young people included some who had recently come to live at this home. They all spoke positively about the staff, the home and each other. Young people describe the home as having a nice atmosphere and no bullying, as somewhere they support each other and 'a place of safety where you can be yourself'. Young people feel comfortable enough to explore and express their identity openly. Staff embrace difference. As a result, young people are consulted, are listened to, are thoughtful towards each other and accept individuality.

The home has a bedsit area that young people can live in to learn life skills, gain some independence and prepare for leaving this home. Young people are able to demonstrate that they can cope with less staff supervision and remain in control of their emotions by utilising the strategies they have learnt. Young people like this option to recognise their personal progress while still being able to have staff support if required.

There are many welcoming areas of the home with comfortable furnishings, such as the lounges and young people's bedrooms. Some areas detract from a family-style home. For example, the bathrooms look clinical and bare, the kitchen is fitted with commercial equipment and the medication room denies young people any privacy as it is centrally located in the home. Leaders and managers are considering how to avoid institutional appearances in the home and to include solutions in the development plan.

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

Risk management is very good. Assessments clearly detail known risks and how to reduce them, providing staff with comprehensive guidance on how to respond when managing high-risk behaviours. Experienced and qualified staff support young people to reduce their self-injurious behaviours through offering choices and alternative strategies. Prevention of self-harm is the goal. The multi-disciplinary team helps young people to deal with their emotions and make safe choices. Young people are encouraged to take responsibility for managing their emotions. The staff understand that steps towards

recovery may include continued use of self-harm. Staff consult with young people daily and have written agreements with young people about harming themselves within agreed limits. This negotiation minimises the risks to young people and allows them to develop alternative coping methods over a period of time. Effective policies, staff training and working in partnership with mental health professionals support this short-term practice. Staff vigilance is essential for the safety and well-being of young people. Random observations are undertaken with the full knowledge of young people, who know that staff are supporting them to keep safe. High levels of supervision are reduced as young people make progress, enabling them to go out with friends and take part in activities in the community without staff presence.

When young people go missing from the home, staff search extensively and liaise with the local police until they are found. The staff team's approach to young people is nurturing and caring regardless of the presenting behaviour. Incidents of young people placing themselves in danger away from the home, or at the house, are openly discussed. Staff are able to gently challenge such behaviours as they support young people to manage their self-harm and understand the reasons behind it.

Young people are supported to make positive choices and gain control in their lives. The staff are very clear with young people that they will take control of situations when the risks are high and they will intervene if young people are unable to make safe choices. Staff are trained and equipped to respond quickly to severe incidents of self-harm. This includes restraint of young people; however, this is rarely used as the young people respond well to staff because of the strength of their relationships.

Young people are fully involved in regular review meetings that monitor their safety, well-being and progress. This allows for adjustments to the therapeutic intervention and medication. The multi-disciplinary team strives to support young people in their recovery. At times, young people are unable to sufficiently engage in their recovery plans and the team recognises that a move to hospital is required for a higher level of clinical intervention.

Improved relationships with the local police have developed through a young person and the manager delivering a presentation about self-harm and how it can affect young people. The manager and staff team report appropriately to safeguarding agencies. These links have been enhanced since the appointment of a social worker to the staff team who has responsibility for referrals to safeguarding agencies. The manager has failed to notify Ofsted of some incidents that are considered 'serious'. Appropriate action has been taken for the protection and welfare of young people and the threshold of a 'serious incident' has now been agreed.

The majority of young people are not local to this home and on arrival do not know the area. The experienced staff team has great local knowledge and an awareness of potential risks in the community. The safe area assessment is a useful document and has been produced in consultation with the local police.

Safety is given a high priority in this home. New staff are employed subject to safer

recruitment procedures. Health and safety matters are routinely checked to provide a safe environment. The management of medication was inspected by the Care Quality Commission in March 2017 and judged to be good.

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

The registered manager is suitably qualified in management and nursing. She has extensive experience of working with young people who display self-injurious behaviours and working closely with a multi-disciplinary team. The staff are complimentary about the manager, who was described by one staff member as a leader with a pragmatic approach and someone who empowers the staff.

The manager provides clear direction to the team regarding how to provide young people with a safe space, supported by adults who they can trust. The statement of purpose is reviewed to reflect this objective and remains up to date. A full staff team receives good supervision that supports young people to manage self-harm and understand the reasons behind it.

Over the last six months, the external management of this home has changed because of the acquisition of companies. This has led to some delays in the transition to new computer systems, policies, procedures and administrative support. However, the external management is now held by a provider who is established in the delivery of care and education for children and young people. This is a significant change from the previous management group, which was predominantly experienced in adult care.

As a result of the change in the external management of this home, the manager now benefits from working with a peer group of managers of residential services for children and young people. This includes them working together on staff recruitment and access to training for the staff team that is specific to young people.

Record-keeping requires improvement. Appropriate information is available in several records; however, the lack of a clear audit trail hinders the monitoring and evaluation of records created within the home.

The introduction of various monitoring systems has had a negative impact on the quality of monitoring of the operation of the home. The manager has produced monitoring reports to satisfy the requirements of the Care Quality Commission, the previous management company and more recently the current management company. As a result, the manager does not have a consistent approach to monitoring and reviewing the quality of care provided in the home. Incident reports are collated in date order. This makes it difficult to identify reports about a young person going missing from the home or episodes of restraint without searching through the file of paper copies. Fortunately, the number of events involving missing from home or being restrained are minimal; however, an improved system is required.

A report on the quality of care over the past six months has yet to be completed by the

manager. The manager is committed to ensuring that views of young people, their parents, the staff team and external professionals will contribute to this review.

Residential staff report that they feel suitably trained, and are supported to do their job. They speak positively about the manager and the members of the management team, who are readily accessible to them. Staff say that they have regular supervision, and opportunities to meet alone with a line manager and to attend group supervision with an external consultant. Not all records contain the date that supervision was held or show whether it was an individual or group meeting and a small number of records of staff supervision are not made at the time, or soon after. Without these records the manager is unable to monitor effectively the performance and function of the staff team.

The manager is committed to promoting the use of appropriate language and avoiding the stigma for young people of being looked after in a children's home. Staff are mindful of avoiding the description 'unit' and use of words such as 'shift'. However, other examples in written records show that this is an area of practice for continual review and discussion.

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: 1247390

Provision sub-type: Children's home

Registered provider: Partnerships In Care 1 Limited

Registered provider address: Unit 2, Imperial Place, Maxwell Road, Borehamwood, WD6 1JN

Responsible individual: Clive Coombs

Registered manager: Alison Hudson

Inspectors

Clare Davies: social care inspector

Janice Hawtin: social care inspector

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