

SC042446

Registered provider: The Rose Road Association

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home is registered to care for up to 12 children and young people aged between four and 18 years of age with a learning and/or physical disability. The home is owned and managed by a charitable organisation. The home provides overnight short breaks on a planned or occasional basis across two areas within the building, known as Oaks and Acorns. The home has a sensory garden area and access to a multi-sensory room and hydrotherapy pool, which are all based on-site. The service is also registered with the Care Quality Commission, and young adults with learning difficulties may also stay here.

Inspection dates: 31 July to 1 August 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: 7 November 2016

Overall judgement at last inspection: Sustained effectiveness

Enforcement action since last inspection

None

Key findings from this inspection

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

- Children are not at risk of harm, but some areas of safeguarding practice require prompt improvement to ensure that this remains true.
- Staff record marks and bruising on body maps, but they have not consistently followed the home's policy and procedure to manage concerns identified.
- Staff have, on occasion, used inappropriate sanctions to manage behaviour. Care plans do not consistently include all relevant information which has been gathered from assessments and plans.
- Leaders and managers have not gained consent from placing authorities for the use of surveillance monitors.
- Leaders and managers have not sought consent for first aid treatment.
- Staff practice does not consistently follow the home's ethos and aims as described in the statement of purpose.
- The home's admission and discharge log is not up to date or current, nor do managers robustly evidence that they have considered the impact of a new admission on others already accessing the service.
- Some staff employed do not possess the required qualification, even though they have been employed in the home for longer than two years.

The children's home's strengths:

- Staff are caring and nurturing in their approach with children. They are knowledgeable about the needs of those in their care.
- Children are offered a range of on- and off-site activities, which they enjoy.
- The children report that they feel safe, secure and enjoy their short breaks.
- Staff follow robust effective procedures to support children to manage their daily healthcare needs.
- The upkeep of the home has improved and children have been involved in choosing some of the decor.
- Staff access a wide variety of training relevant to their role.
- Staff offer children many choices within their daily care.
- Leaders, managers and staff have good, open and effective relationships with children's families.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
07/11/2016	Interim	Sustained effectiveness
09/05/2016	Full	Good
21/12/2015	Interim	Sustained effectiveness
29/06/2015	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>The protection of children standard</p> <p>(1) The protection of children standard is that children are protected from harm and enabled to keep themselves safe.</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>(iii) have the skills to identify and act upon signs that a child is at risk of harm;</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>(Regulation 12(1)(a)(i)(iii)(v)(vi)(vii))</p>	01/11/2017
<p>(1) The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children's home that—</p> <p>(2) In particular, the standard in paragraph (1) requires the registered person to—</p> <p>(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>(Regulation 13(1)(2)(a))</p>	01/11/2017
<p>Monitoring and surveillance</p> <p>(1) The registered person may only use devices for the monitoring or surveillance of children if—</p> <p>(b) the child's placing authority consents in writing to the monitoring or surveillance;</p> <p>(c) so far as reasonably practicable in the light of the child's age and understanding, the child is informed in advance of the</p>	01/11/2017

intention to do the monitoring or surveillance. (Regulation 24(1)(b)(c))	
<p>Fitness of workers</p> <p>(4) For the purposes of paragraph (3)(b), an individual who works in the home in a care role has the appropriate qualification if, by the relevant date, the individual has attained—</p> <p>(a) the Level 3 Diploma for Residential Childcare (England) (“the Level 3 Diploma”); or</p> <p>(b) a qualification which the registered person considers to be equivalent to the Level 3 Diploma.</p> <p>(5) The relevant date is—</p> <p>(a) in the case of an individual who starts working in a care role in a home after 1st April 2014, the date which falls 2 years after the date on which the individual started working in a care role in a home; or</p> <p>(b) in the case of an individual who was working in a care role in a home on 1st April 2014, 1st April 2016.</p> <p>(Regulation 32(4)(a)(b)(5)(a)(b))</p>	01/11/2017
<p>Children’s case records</p> <p>(1) The registered person must maintain records (“case records”) for each child which—</p> <p>(a) include the information and documents listed in Schedule 3 in relation to each child;</p> <p>(b) are kept up to date.</p> <p>(Regulation 36(1)(a)(b))</p>	01/11/2017
<p>Other records</p> <p>Schedule 4 sets out the other information that the registered person must keep in relation to the children’s home.</p> <p>The registered person must maintain in the home the records in Schedule 4, ensure that the records are kept up to date.</p> <p>(Regulation 37(1)(2)(a)(b))</p>	01/11/2017

Recommendations

- The specific responsibilities of the home towards supporting the health and well-being of each child should be agreed with the placing authority and recorded in the child’s placement plan. It is the joint responsibility of the registered person and the placing authority that this is agreed at the time of placement (‘Guide to the children’s homes regulations including the quality standards’, page 34, paragraph 7.7).
- Each child should have permission for staff to administer first aid and non-prescription medication from a person with parental responsibility for them recorded in their relevant plan. For looked-after children, this permission should be sought and arranged by the child’s social worker. Where appropriate, the

child's family should be involved in supporting their child's health needs as well as in providing permission for treatment ('Guide to the children's homes regulations including the quality standards', page 35, paragraph 7.14).

- Regulation 19(2) details sanctions that are prohibited in behaviour management. Any sanctions used to address poor behaviour should be restorative in nature, to help children recognise the impact of their behaviour on themselves, other children, the staff caring for them and the wider community. In some cases it will be important for children to make reparation in some form to anyone hurt by their behaviour and the staff in the home should be skilled to support the child to understand this and carry it out ('Guide to the children's homes regulations including the quality standards', page 38, paragraph 9.38).
- Restraint also includes restricting a child's liberty of movement. This includes, for example, changes to the physical environment of the home (such as using high door handles) and removal of physical aids (such as turning off a child's electric wheelchair). Restrictions such as these, and all other restrictions of liberty of movement, should be recorded as restraint. Some children, perhaps due to impairment or disability, may not offer any resistance, but such measures should still constitute a restraint ('Guide to the children's homes regulations including the quality standards', page 47, paragraph 9.42).

Inspection judgements

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

Children who attend the home for regular short breaks are well cared for by knowledgeable staff. Established staff who work in the home have very good relationships with children, they are child-centred and hold detailed knowledge of children's individual needs. Staff provide clear boundaries and consistency, and they support children to follow daily routines. They are calm and therefore able to comfort children if they are anxious, upset and distressed.

Staff follow detailed support plans, which are informative about every aspect of a child's need. There is clarity in them about how the staff will support a wide variety of needs including feeding, drinking, nutrition, daily routines and communication needs. Plans do not include some pertinent information, which is included in other professionals' assessments and plans. Staff support children to develop their individual skills by focusing on individual targets, which are formulated with input from families and others. Staff complete reviews, but records lack evidence to show that all plans and targets have been reviewed.

Staff support children to attend school and education settings during their short break. They attend education reviews and meetings and this promotes good consistency in the approach followed by all that support the child.

Children's individual health needs are well met. Health plans, regimes and protocols are

followed, which ensures that their physical and emotional well-being is promoted. Where children have complex needs, plans are sufficiently clear to ensure that these needs are met. Staff seek advice and guidance from health professionals when needed. Staff have not updated or provided clear guidance in a plan for a child who refuses to take medication.

Managers complete a thorough pre-admission assessment process, which ensures that all appropriate information is considered. They work closely with parents and carers to gather information pertinent to the care planning process. Detailed plans and assessments provide practical advice and support to staff, which enables them to provide individualised care to each child. Staff review referrals to the home and plan whether prospective children are suitable for the home. Children come for tea visits and an overnight stay during this time. Staff do not currently complete formal risk assessments to consider the impact that a new arrival may have on those already staying here. They have also not maintained the home's admission and discharge log.

Staff explore each child's individual communication needs and prepare aids and tools to support communication with children. During the inspection, staff did not routinely use a child's communication aids, which had an impact on that child's ability to understand the routine or plan for the day.

Children are offered a range of on- and off-site activities. Children make choices about daily plans and which activities to take part in. Staff knowledge of children's likes and dislikes ensures that favoured activities are offered.

Staff maintain regular effective contact with families and others outside of the home. They promote contact between children and their families in line with their individual plans.

Staff offer children choices about food and activities, as well as gaining their views in preparation for reviews of their care. Leaders and managers wish to develop this further to ensure that all children are able to make a contribution. Staff review how a child has been feeling each day and record this in their daily logs. They support children to follow and engage with their cultures and beliefs, which are described in their plans.

Staff use surveillance devices to monitor children's activity at night. Managers have not yet sought consent from families and the placing authority for this.

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

Children report that they feel safe while staying at the home. They seek support and guidance from those caring for them. Staff treat children with respect and dignity and provide them with privacy.

Staff have good knowledge and understanding of how to keep children safe and, on the whole, know what to do if a concern arises. Staff access regular safeguarding training,

which provides good-quality informative education about risks and the way they are to help manage concerns. Due to staff shortages in the home, managers have supplemented staff teams with agency and bank staff. These staff members' knowledge is not of the same standard as the home's permanent staff.

Staff record marks and bruising on body maps, but there is no evidence to show that there are clear procedures following this. This means that 'unexplained bruising' remains unexplained; it is simply documented. Although managers and staff may have reasonable ideas about how it has arisen, these have not been explored and investigated as required. Managers did act on these findings once identified. Records evidence that when managers are aware of concerns they are rigorous in their approach to safeguarding and swiftly report concerns. Leaders and managers work with others in the wider system to address and minimise identified risk factors. However, they have not ensured that they have the most current information in their plans to address risk.

Complaints made are explored, investigated and responded to and outcomes are provided.

Staff have responded swiftly to accidents, illness and when children's health needs have declined. They respond robustly, seeking advice from families and medical professionals. They support children to attend hospital and medical appointments. Records are detailed and accurate, reflecting all aspects of intervention and first aid provided. Managers have not yet gained consents for first aid treatment.

Plans detail how to support children in managing their behaviour, and staff assist children to become calm and use distraction and de-escalation strategies and techniques. Staff have not used any physical intervention in the home since the previous inspection. Staff are trained in the home's preferred approach. Children have been given sanctions for negative or unsettled behaviours. Sanctions given are not always restorative in nature; staff have, on occasion, isolated or restricted a child as a sanction. Staff attempt to seek children's views following incidents or sanctions. On occasion, staff have recorded their own views, but recorded them as if they were the child's view. Managers monitor and review all incidents, accidents and sanctions in the home, as evidenced by their detailed comments, evaluations and outcomes.

Medication is well managed and stored in the home; staff seek additional guidance and information from medical professionals when needed. Medication errors are robustly investigated, reviewed, recorded and responded to. Managers apply an assertive review of staff performance following any errors. They provide additional training and implement changes to systems to minimise and further reduce errors. Staff give medication in line with individual plans. However, one child receives medication covertly and plans do not provide clarity and detail regarding how or why this is done.

The home is well maintained and safe; any areas which become damaged are swiftly repaired.

Staff adhere to safer recruitment practice and newly appointed staff are provided with a

thorough induction to the home. They complete a probation period in which their practice and knowledge is regularly reviewed and monitored.

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

There have been several personnel changes in the home this year. Leaders and managers are using high levels of agency and bank staff due to vacancies and staff absences. This has created inconsistencies in the home, with bank and agency staff not fully informed of managers' expectations of their practice and lacking an understanding of the ethos of the home.

Managers have developed several systems to monitor and evaluate the quality of care provided in the home. They have not created robust and effective systems to ensure that all required aspects of records are up to date.

Managers have good knowledge and understanding of children's needs. They have developed good relationships with each child. They have not ensured that plans comprehensively detail children's needs and what is required to meet these needs.

Staff access a wide variety of training specific to their role. This has recently included first aid, safeguarding training and other core training. Staff are enrolled on the required qualification, but not all staff have achieved the qualification within the timeframe. Staff receive regular effective supervision, and their practice is reviewed at least annually through the newly developed performance review system.

Newly appointed staff are provided with a thorough induction process and their practice is reviewed more frequently during the probation period.

Staff have good effective working relationships with those outside of the home. However, not all information gathered is brought into plans and risk assessments. Staff work openly and collaboratively with professionals and families. They jointly agree how to manage risk and support children to develop skills.

The home's development plan details clearly the home's strengths and weakness and what areas leaders and managers wish to develop and improve in the future. Leaders and managers have improved areas previously identified. They have improved the presentation of the home, developed training opportunities and altered systems to make them more effective and practical.

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: SC042446

Provision sub-type: Children's home

Registered provider: The Rose Road Association

Responsible individual: Sarah Marshall

Registered manager: Tina Fullbrook

Inspector

Amanda Maxwell, social care inspector

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