

1254745

Registered provider: Homes2inspire Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home provides care and accommodation for up to five children with emotional and/or behavioural difficulties. A private company owns and operates the home.

Inspection dates: 14 to 15 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: 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:

- There has been an increase in incidents of challenging and aggressive behaviour by some of the children. The police have attended the home to respond to a number of incidents. This is not providing safe, stable care for children.
- Children's risk assessments and safeguarding plans have not been adhered to at all times. In addition, staff have not consistently updated essential records.
- Mechanisms for the manager to review practice at the home are not robust enough to inform continuous improvement and safe practice.
- Staff and managers require training to enhance their skills and understanding in relation to managing children presenting with sexualised behaviour and aggressive, challenging behaviour.

The children's home's strengths:

- Children have made progress from their starting points, particularly in education and in developing social and life skills.
- Managers have proactively worked with placing local authorities to review children's placements and consider the combination of needs and the lived experiences of children. This is informing child-centred care planning for children living at the home.

Recent inspection history

This is the home's first inspection.

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 requires the registered person to ensure that staff-</p> <p>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>manage relationships between children to prevent them from harming each other</p> <p>take effective action whenever there is serious concern about a child's welfare. (Regulation 12(2)(a)(i)(iv) and (vi))</p>	28/10/2017
<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 requires the registered manager to-</p> <p>ensure that staff have the experience, qualifications and skills to meet the needs of each child</p> <p>understand the impact that the quality of care provided is having on the progress and experiences of each child and use this understanding to inform the development of quality of care within the home</p> <p>use monitoring and review systems to make continuous improvements in the quality of care provided in the home (Regulation 13(2)(c)(f) and (h))</p>	28/10/2017

<p>This is in relation to the manager robustly reviewing incidents in the home and ensuring that decisions about placements are made in a timely way, particularly if there is evidence that children are not making progress and/or their behaviours are having an impact on the experience and progress of other children in the home.</p>	
<p>The positive relationships standard is that children are helped to develop and to benefit from relationships.</p> <p>In particular the standard requires the registered person to ensure that staff-</p> <p>meet each child’s behavioural and emotional needs, as set out in the child’s relevant plan</p> <p>encourage each child to take responsibility for the child’s behaviour in accordance with the child’s age and understanding. (Regulation 11(2)(a)(i) and (iii))</p> <p>This is in relation to the manager ensuring that staff have the skills to understand children’s behaviours, and develop and implement strategies that effectively reduce challenging, harmful behaviours. This will include a review of the capacity of staff to respond to children’s needs.</p>	<p>28/10/2017</p>

Recommendations

- Children should be able to see the results of their views being listened to and acted upon. (‘Guide to the children’s homes regulations including the quality standards’, page 22, paragraph 4.11)

This is in relation to ensuring that children contribute to records of individual key-work sessions and records of physical restraint. Staff should also ensure that they respond to children’s views.

Inspection judgements

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

This home is not delivering consistently good care. As a result, children are not having positive experiences or making the expected progress in all areas of their lives. Children have individual placement care plans that are shared with them, and these plans support staff to meet their needs. Records are not of a consistently good standard and records are not regularly updated with new information. The provider is in the process of implementing improved care plans that incorporate assessments by involved professionals and include children's views.

Children are attending education provision. For all of the children, this represents good progress from their starting points. Staff liaise with education staff, and essential information is shared to support children's educational experience and their progress. However, one child's behaviour has deteriorated in their education placement, mirroring the challenging behaviour displayed at the home. This behaviour has led to reduced education attendance. This child's behaviour plans and targets in school would benefit from being consistent with the plans and targets implemented at the home.

Children receive structured care, with consistent boundaries and clear expectations. These are explained to each child in the placement plan and through the admission process. Children benefit from detailed routines, including school holiday planners. The use of planners provides opportunities for them to attend a range of holiday activities, in addition to regular groups and interests. Unfortunately, there have been a number of occasions when children's experiences have been disrupted by the behaviour of their peers. Records show that, on some occasions, staff did not adhere to previously agreed risk assessments or care plans for individual children when arranging activities. This has influenced the quality of experiences for children.

There has been conflict between some of the children, and this has resulted in a reduced number of group activities in order to manage relationships and risks.

Each child has an individual health plan. Some children have improving health as a result both of staff ensuring that they attend preventative health appointments and of a prompt response to any health concerns. Some children have specific health conditions. Staff maintain detailed records about treatment and advice, following liaison with appropriate health specialists. A specialist sexual health team has visited the home to share information with children and staff. The looked after children's nurse has also visited. Managers need to ensure that there is consistent monitoring of health information to ensure that health plans are being progressed. A requirement is made regarding the need for managers to monitor children's care experiences.

Children are receiving support from the child and adolescent mental health service (CAMHS). Generally, this is via consultation with staff. The manager has liaised with placing social workers in order to progress assessments of children's needs. However,

there have been delays in arrangements for direct work with some of the children. This is partly influenced by the children being unsettled at the home. As a result, there is slow progress for some children in having their therapeutic needs identified and met.

All of the children are supported to develop independent living skills by taking responsibility for their rooms and helping with chores, such as shopping. One child helped to cook dinner during the inspection. The eldest child is making good progress towards completing an accredited independence skills programme, with support from staff.

Staff and managers are proactive in promoting contact for children with family and friends. Staff support contact arrangements and work closely with social workers to ensure that contact is safe and positive, and supports children to maintain important relationships.

Children are provided with a range of opportunities to share their views, wishes and feelings. Children contribute to weekly residents' meetings. For example, decisions are made about menus and activities. They contribute to their care planning meetings. They can share views in individual sessions with key workers, but the records frequently do not capture children's views. This has been an unsettled time for the children due to the behaviour of peers, and children have expressed views about this at times. The manager should ensure that records are consistently maintained and that children can see the results of their views being listened to and acted upon. A recommendation is made about this.

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

There is not a sufficiently strong and robust response to children's behaviour to reduce and manage risks. It is not clear that staff and managers understand and have the skills to meet all of the children's complex needs and behaviours. A requirement is made to enhance the skills of staff, the quality of risk assessments and behaviour management plans.

Recent concerns about the conflicting needs of children in placement have led to meetings with placing local authorities to consider care plans. This is a small group of relatively young children. Some children have experienced changes to their care and contact plans, and this has had an impact on their behaviours. However, conflict and differences in children's relationships have also affected their behaviours. The manager needs to review incidents and events with staff in order to learn lessons and inform practice.

There has been an increase in aggressive and violent behaviour displayed by some children. There have been occasions when children have threatened or harmed staff, or staff have been concerned that children present a risk of harm to their peers. On a number of these occasions, the police have attended the home or responded to an incident involving the children in the community. As a result, some children have been

involved in criminal justice processes. This is not a good outcome for children and does not provide positive experiences for children involved in, or witnessing, concerning behaviour.

There has also been an increase in the use of physical intervention. Records demonstrate that staff use physical restraint as a last resort in managing behaviour. However, the records could be improved by detailing the efforts of staff to de-escalate children's behaviour and by capturing children's views following an incident. The behaviour management plans and the strategies used have not been effective in preventing an increase in incidents.

There have been incidents of sexualised behaviour involving some children. Other children have witnessed this and these incidents are potentially harmful. Risk assessments are in place to support staff to carefully monitor children's behaviour, but strategies have not been effective in preventing these behaviours.

Staff understand children's individual histories and have had some consultation with CAMHS practitioners to inform their understanding of children's emotional needs. Staff would also benefit from training in regard to working with children who display sexualised and/or sexually harmful behaviours.

Some children have been missing or have been absent from the home. In these instances, staff follow procedures and proactively search for children. Children have detailed, updated risk assessments. In respect of one child, there have previously been concerns about their vulnerability to exploitation, but the multi-agency assessment is that these concerns have reduced. There have been few incidents of 'missing', and these have been for a relatively short period of time. However, the children are vulnerable and their safeguarding plans prescribe a high level of monitoring, so it is concerning that there have been 'missing' incidents. On two occasions, children have left the home together.

Staff work closely with the police and with a senior practitioner who has responsibility for responding to children who go missing from home. Children are spoken to after any 'missing' episode, and information is shared to inform risk assessments. The manager is undertaking an evaluation of 'missing' episodes, incidents involving calls to the police and records in order to review decision-making and inform practice.

A substance misuse specialist practitioner is working with one child, and the concerns in respect of substance misuse have reduced.

The manager and deputy manager are experienced in liaising with the local authority designated officer. There has been one referral to the designated officer following a concern raised by a child. The recommendation was for the manager to investigate the child's concerns. This investigation has been concluded and the findings shared with the designated officer. There are no concerns about the welfare of children at the home following this investigation.

Managers follow safe recruitment procedures. During their induction, staff learn about allegations against adults who work with children and the need for an open, safe culture at the home.

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

The registered manager is experienced and has relevant qualifications. Managers and staff are aspirational for the children and for the service.

There have been some challenging incidents for staff to manage. Managers report that staff have remained resilient and committed, and that the staff group is stable. Staff report that they receive regular supervision and that they feel supported by their managers.

Supervision is prioritised for less experienced, recently recruited staff. Rotas are organised so that there is a balance of experience and gender. Shift patterns and staff capacity is organised to ensure that there are sufficient staff on duty to meet the children's needs during busy times of the day. When the inspector discussed a number of incidents of children's challenging behaviour with staff, some reported that having additional staff may have helped on those occasions. Approximately half of the staff have the relevant qualification. The remaining staff are enrolled on the course and are at various stages of completing the qualification.

Staff report that they have received essential training during their induction, and have additional training and development opportunities. However, staff require training to enhance their understanding of working with children who demonstrate sexualised and/or sexually harmful behaviour, and their skills in managing and responding to aggressive and threatening behaviour from children at the home.

The records of a number of incidents evidence that there have been occasions when individual children's risk assessments have not been adhered to. There have also been occasions when staff have not consulted on-call managers before making decisions about contacting the police. Managers should undertake an analysis of incidents to inform and enhance safe practice and decision-making. This should ensure safe care for children and the best use of staff capacity.

The manager has considered the combination of children's needs in placement, taking into account known information at the point of admission and their emerging needs and behaviours. There have been meetings with placing authorities to consider recent concerns about risks and about the outcomes for children. One child was moving on from the home during the inspection. The timing of this move had been influenced by a significant incident the week before. The manager accepts that the review of placements should have happened in a more timely way.

Managers monitor the progress of children by reporting on a range of performance indicators on a monthly basis. The provider also meets with commissioners regularly to review the progress of care plans. Managers recognise that having the quality assurance

processes to inform a review of the quality of care is an area for further development.

There has been a record of good partnership working, particularly with schools, the police and with social workers. However, the police and CAMHS have recently raised concerns about a number of incidents. Concerns have been raised about children's behaviour, the response of staff and the management of incidents. There is a requirement for managers to review the quality of care in light of recent concerns about children's behaviour and outcomes, to enhance the skills of staff and to improve children's lived experiences at the home.

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 whom 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: 1254745

Provision sub-type: Children's home

Registered provider: Homes2inspire Limited

Registered provider address: Prospects House, 19 Elmfield Road, Bromley BR1 1LT

Responsible individual: Joanne Collins

Registered manager: Elaine Ashmore

Inspector

Cathey Moriarty, social care inspector

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