

1027164

Registered provider: Care 4 Children Residential Services Ltd

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This privately run home provides care and accommodation for up to five children who may have emotional and/or behavioural difficulties.

Inspection dates: 30 to 31 August 2017

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

How well children and young people are helped and protected **outstanding**

The effectiveness of leaders and managers **outstanding**

The children's home provides highly effective services that consistently exceed the standards of good. The actions of the children's home contribute to significantly improved outcomes and positive experiences for children and young people who need help, protection and care.

Date of last inspection: 31 January 2017

Overall judgement at last inspection: good

Enforcement action since last inspection:

None

Key findings from this inspection

This children's home is outstanding because:

- Children make excellent progress from their starting points, benefiting from the extremely high quality of care provided by staff. Children identify that staff help them to achieve. They form strong, trusting bonds with adults who want the best for them.
- Detailed, high-quality and robustly-assessed individualised care plans support children's complex needs in relation to their health, education, emotional, psychological and social well-being. Children are involved in their care planning so that they understand and can review their own progress. Multi-agency working is highly effective in ensuring holistic support for children at the home.
- Educational achievement is promoted and celebrated. Children's differing academic abilities are well accommodated, and they are encouraged in informal learning outside of the school environment. They enjoy a range of activities that promote their well-being.
- Children become safer, and understand their risk reduction plans, so that they can enjoy well-managed, increased independence within the community. Children have not offended since moving to the home. There are strong relationships between the home and public protection agencies to manage risk.
- Children do not go missing from the home on a regular basis. One child did go missing to expedite his transition to a new placement, but did not engage in previously identified risky behaviours.
- Staff demonstrate consistent practice, which promotes stability and dependability and enables children to feel safe and develop a sense of belonging. Staff work highly collaboratively with external professionals to support children in their transitions as they move on from the home.
- The home is managed to an exceptionally high level. The staff team is highly skilled and well motivated to continually develop its practice through training opportunities. It has a sound understanding of the model of care and of safeguarding practice, and uses meetings and supervision effectively to maintain its quality of practice.
- External professionals confirm that communication from the home is regular and effective. They comment on the excellent quality of care that promotes aspirational outcomes for children.

The children's home's areas for development:

- The registered person must ensure that placing authorities provide written permission at the start of placements for the use of any surveillance, such as

bedroom door alarms, used to safeguard children.

- The review of the quality of care should provide greater evaluation of the impact that care in the home has on children's progress, to demonstrate effectively the strengths and areas of development for practice. It should include the actions planned for the next six months to develop the service, to serve as a dynamic tool for the oversight of the home.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
31/01/2017	Full	Good
22/06/2016	Interim	Sustained effectiveness
10/02/2016	Full	Outstanding

What does the children's home need to do to improve?

Recommendations

- The review of the quality of care should enable the registered person to identify areas of strengths and possible weaknesses in the home's care, which will be captured in the written report. The report should clearly identify any actions for the next six months of delivery within the home and how those actions will be addressed. The whole review and the resulting report should be used as a tool for continuous improvement in the home. ('Guide to the children's homes regulations including the quality standards', page 65, paragraph 15.4)
- Any home using CCTV or other monitoring equipment must gain consent to any monitoring or surveillance by the placing authority in writing at the time of placement. ('Guide to the children's homes regulations including the quality standards', page 16, paragraph 3.16)

Inspection judgements

Overall experiences and progress of children and young people: outstanding

From individual starting points, children make exceptional progress because of the high quality care they receive from competent and dedicated staff. Children recognise their own progress and how staff support their achievements. One child said 'you won't get staff anywhere else like here', and others said that the home and team are 'excellent', 'outstanding' and '[name of staff member] is a national treasure'. Children say that staff work consistently, which helps them to build trust and develop a sense of security and belonging, clearly reflecting how staff develop enduring, positive and meaningful relationships.

Children contribute to their individualised care planning so that they understand their own goals and can review their progress. They enjoy increasing, but rigorously planned, independent time in the community, understanding the expectations and responsibilities invested in them, to help develop their social skills safely. Children are encouraged to attend their statutory reviews, and have access to independent advocates so that their voices are heard. Multi-professional planning is extremely well-focused so that children's journeys are clearly tracked through the progressive phases of the home's model of care, demonstrated in the home's reports for their reviews.

There is a strong focus on the benefits of education. All children attend the provider's school, with one child accessing online education as a high-achiever. One child did disengage from education, but attended to complete his exams. This demonstrates how staff persevered to help him recognise the importance of attaining qualifications for his future career aspirations. They had also sought external advice to ensure that his disengagement was not a result of mental health concerns. Children's academic achievements were celebrated with an awards ceremony at the end of term, with further

praise when they received their results. Children also enjoy informal learning activities during their leisure time, for example choosing to visit museums. Staff use themes in television programmes and films as opportunities to educate children about positive relationships and social interaction. Staff ensure that there is a healthy balance between study and leisure activities so that children can have fun in their spare time, in keeping with their personal preferences. During the summer holidays, they have enjoyed going fishing, kite-flying and trips to the beach, with some activities being new experiences.

Some children are moving on from the home. They said that staff have helped them to develop independence skills so that they can confidently make the transition to adulthood. The home works collaboratively to ensure that transitions are well planned. During the inspection, one child was being supported in an overnight stay at his new accommodation and enrolling at his new college. Staff have worked proactively with other agencies to identify further education and training opportunities. For one child, staff liaised with colleges regarding his individual needs, prior to the child applying, and robustly challenged when they subsequently rejected his application. They took care to reassure the child after the rejection, and continue to support him in seeking alternative options to pursue his chosen career.

Children enjoy good health, attend health appointments and are encouraged in physical activity as one element of the home's clinically-informed model of therapeutic care, 'Wellbeing for Life'. One child's coordination and posture have improved as a result of playing sports since moving to the home. Another child, who is a member of a running club, participated in a run as a charity fundraising event. Children contribute to designing a healthy and balanced menu. There are good links with external professionals, such as the child and adolescent mental health service and the nurse for children looked after, to promote children's healthy development and well-being.

The home's clinical psychologist works closely with key workers, so that children have a good understanding of their life story, and addresses any issues of concern. The staff have a strong understanding of the impact of attachment needs and past trauma. This informs their practice, enabling them to support children's emotional and psychological well-being. One social worker commented on how the home is supporting a child's ongoing therapy needs by providing his new placement with a programme of continuing work. During the inspection, one child was shown how his symptoms on a psychological measure have decreased markedly from a clinically significant level since his starting point, so he could see his progress from working hard in his sessions. This reflects the efficacy of the provider's programme in supporting the specific needs of the children, and in building their resilience and self-esteem, so that they are able to function more safely in the future.

Children contribute to decisions made in the home. They hold regular meetings and also speak to staff at any time to share their views, and complete 'My say' forms that are shared in meetings. They feel no need to complain about their care, but know how to do so. They clearly feel valued and respected as individuals by staff. Staff fully support children in their contact with their families to maintain these important attachments, but will also challenge when arrangements have a negative impact on children's sense of

stability.

Feedback from professionals is extremely positive about the standard of care, the level of communication from the home and the resulting positive outcomes for children. One social worker remarked that '[the child] has progressed remarkably' and that the home has accommodated driving forward his care plan. She commented that she 'has nothing but praise' and how staff 'are really supportive of [the child's] life'. An independent reviewing officer for another child spoke of how the home has worked 'amazingly well to develop [the child]' and how 'he shines out now' with his social skills compared to his starting point. One public protection professional said 'if all [children] lived somewhere like that, then they would do better'. Such views highlight that the home clearly places children at the centre of practice, going above and beyond to promote their best life chances and outcomes.

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

Children feel very safe in the home and are helped to become increasingly safe in the community through a structured, well-monitored risk-reduction programme. They report that they are very well supported by staff who care for, and understand them well. Children know that staff are there to help them and feel able to talk about any concerns they might have, confident that they will be listened to and taken seriously.

Staff have a very thorough safeguarding knowledge and are highly skilled in responding to children's needs. Assessments of risk, and strategies implemented to manage and reduce them are regularly reviewed and updated in response to children's circumstances. Therapeutic input supports planning and multi-disciplinary decisions are made prior to progressing children to the next phase of risk reduction programmes. Children are included in planning so that they fully understand what is expected of them, for example in using the internet appropriately. Key workers liaise closely with other services, including the youth offending team, to carefully plan placements and transitions for children who are moving on from the home. The home therefore works collaboratively with other public protection services to support risk reduction, communicating effectively to ensure that all parties are kept updated about children's progress.

Since the last inspection, there have been very few safeguarding issues. One child had started to go missing. Staff followed all procedures to ensure that he returned to the home safely on each occasion and although offered, he declined any return home interviews. He told the inspector that the only reason he 'took off was because his social worker told him he would move in September'. He had been informed at a review that he would be returning to his home area. However, plans did not appear to be progressing within stated timescales, leading to his disengagement from the placement. He therefore used going missing to expedite a decision to end the placement. A strategy meeting was held where the home served notice, respecting the child's wishes and feelings, as well as to reduce potential continued risks, with the outcome clearly explained to the child. Since then, he has settled with no further missing episodes.

Children are not exposed to associated risks, such as exploitation, or access to alcohol or

illegal substances, because they do not regularly go missing. One child spoke of how he had previously accessed a range of substances, but that moving to the home meant he no longer uses them. He said '[staff] helped me in so many ways, got me off drugs. I wouldn't be here without them'. He also spoke of the support he has had to better manage feelings of anger, saying 'I would've gone for people before if they said anything, now, I just say "is that it, can't you do better than that?" if they try to wind me up'. There is little conflict between children living in the home and they were observed to enjoy light-hearted conversations with one another over mealtimes. They are helped to understand how their presentation might be perceived by others, so that they learn to express themselves better. Children clearly identify how their experiences at the home have helped them to make positive progress in their lives and become safer.

Staff have not needed to use any physical intervention and very few sanctions have been required. This is because staff help children understand why the very clear rules and boundaries are in place. One child said that recently they have not been able to go to large city centres for shopping trips because 'staff are safeguarding us' after recent terrorist attacks. Although this was a source of frustration, children know why staff had taken such decisions in their best interests. The home is very aware of the restrictions in place for young people, including the use of bedroom door alarms, and seeks permission from the placing authorities or parents to agree such restrictions and surveillance. However, some placing authorities have not yet responded to the home to provide such permission. A recommendation is therefore made that written consent is provided at the start of the placement for surveillance measures such as alarms.

Children previously prescribed medication to help them manage their behaviour have, under medical supervision, successfully stopped taking it. The home appropriately consulted with the child and adolescent mental health team, so that a child was not given further unnecessary medication. Any medication, when used, is appropriately administered and recorded. Children can only self-administer medicines after being assessed to demonstrate their ability to manage this responsibility. Children who have previous histories of self-injurious behaviours have stopped doing so, demonstrating how the staff understand and help them to manage their emotions more effectively, and promote their safety and well-being.

The effectiveness of leaders and managers: outstanding

The current registered manager benefited from a lengthy transition into her new role, which therefore had minimal impact on the children at the home. She has relevant qualifications in social care and is currently undertaking a level 5 qualification in leadership and management. She also has extensive experience and understanding of the home from her previous role as deputy, and clearly demonstrates her knowledge and focus on the needs and progress of children.

Staff confirm that the manager is very supportive, has an open-door policy so that they can access support on an ongoing basis and say that she will help out at any time. They share the manager's passion and high aspirations for the best outcomes for children, enthusiastically talking about their work, saying 'we make it seem a real home, not a

“unit” – they are like our own kids’. Staff take real pride in children’s achievements, and hold them in mind when they are not working, for example bringing in their own sports and leisure equipment or children’s favourite homemade food. Children are included in planning developments for the home, with staff encouraging their input, for example in designing the games room. Staff are clearly committed to encouraging young people to try new experiences and enhance their opportunities, and share a collective ownership of their responsibility to do the best for children.

Practice is monitored through regular, reflective supervision and appraisal. There is well-planned training in place to support the team’s ongoing professional development. Staff speak confidently about the model they work to, as well as the underpinning research in attachment and trauma that informs their practice. They therefore demonstrate that their exceptionally competent practice and commitment accords with the home’s statement of purpose.

The manager carefully plans and analyses children’s progress with the team and the clinical psychologist attached to the home. In addition to regular team meetings, multidisciplinary team meetings provide oversight and guidance to children’s progression through the provider’s bespoke programme that supports children’s development and risk reduction. Weekly progress reports provide stakeholders with a clear overview of children’s progress, and all external professionals were unanimous in their view that communication from the home is highly effective.

Robust monitoring systems ensure that the manager has effective oversight of the quality of care provided by the home. The independent visitor provides analytical reports that help the manager identify any shortfalls. Internal monitoring takes into account the views of children, parents and professionals to provide a holistic picture of children’s experience. However, a recommendation is made to ensure that the report of the quality of care is a dynamic document that drive continuous performance improvement by incorporating stronger evaluation and clearly identifying actions for the next six months. The report will then more accurately reflect the plans to enhance the service, as described during the inspection.

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 differences 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: 1027164

Provision sub-type: Children's home

Registered provider: Care 4 Children Residential Services Ltd

Registered provider address: Care 4 Children, 1 Stuart Road, Bredbury Park Industrial Estate, Bredbury, Stockport SK6 2SR

Responsible individual: Joyce Masson

Registered manager: Ann-Marie Farrell

Inspector

Karen Willson, social care regulatory inspector

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