

Serendipity Family Assessment Centre

Serendipity, 24 Victoria Road, EXMOUTH, Devon EX8 1DW
Monitoring visit

Inspected under the social care common inspection framework

Information about this residential family centre

This residential family centre provides parenting assessments for up to six families. The families are accommodated in two houses a very short distance apart. Parents must be at least 16 years old. The service accepts children up to 10 years old.

Inspection date: 21 September 2017

Date of previous inspection: 22 August 2017

This monitoring visit

The visit took place to monitor compliance with the notice of restriction of accommodation, and to monitor the impact of practice on the welfare and outcomes for children and families.

At the previous inspection, the service was judged as not having met the compliance notice. In addition, a significant unreported safeguarding concern was identified. Three members of staff remain suspended by the service pending the outcome of police investigations in relation to this incident. Since the previous inspection, a new consultancy firm has been appointed to support the registered individual and registered manager to implement a plan for improvement. The monitoring visit found that some improvement has taken place since the previous inspection. However, serious concerns remain about the safety of the service and the quality of assessments.

Two families are currently placed at the residential family centre. Both are now accommodated in one house; the other house is closed. No new families have been admitted, demonstrating compliance with the notice restricting accommodation. Since the last inspection, the family centre has completed the assessment of one

family. The registered manager was effective in prompting the placing authority to ensure a timely ending to the placement, thus avoiding drift and delay for the child.

Agency staff are no longer being used. The permanent, core staff team is covering all shifts, as only two families are being assessed. The human resources manager has met with the agencies that supply staff. This is to discuss the evidence that the service will require in the future, in order to verify that agency members of staff are suitable to be working at the residential family centre, and have the relevant skills and experience.

Placement plans have been rewritten, and are an improvement on those used previously. The language used in the plans is no longer discriminatory. Plans now state when staff should intervene if there are concerns about the safety of a child. However, on one occasion, the staff failed to intervene effectively when a parent decided to wake up and bathe her baby after 9pm. The rules of the family centre state no baths for children after 9pm. Plans do not document how parents can expect to be supervised less stringently should they demonstrate progress. Plans also do not document how parents can demonstrate progress, and how this progress will be tested. For example, it is unclear how it could be established that a parent and their child are safe to be out of the family centre unsupervised.

At night, there is only one waking member of staff to support two families. The staff have brought this issue up at staff meetings, as they believe that two waking staff are needed at night. The manager states that having two waking night staff is being considered, but consultations need to take place with the staff first. Plans do now state which family is a priority for the staff at night, should both require attention at the same time. The shortfall remains that one member of staff is unable to support both families in a timely and safe manner should they both need support at the same time. One parent said: 'It is difficult at times when you phone for a task to be observed and no one answers, especially difficult if the baby is due a feed.'

Plans do not detail what families should do if they are unable to contact a member of staff. Plans now state that if there is a delay of more than an hour, then the sleep-in staff will be woken to undertake the monitoring. This is an unacceptable delay if a baby is demanding a feed. Plans state that the first five minutes of any task must be observed. One parent said: 'Staff do now come more quickly, though last week one member of staff was in the kitchen and didn't hear the phone so I made the bottle anyway.' This is concerning, as on another occasion the same parent was observed to be attempting to feed the baby from bottles that were too hot.

The staff do not always have the necessary skills and experience to undertake an assessment role with families. On one occasion, the registered individual undertook a night shift as the lone waking member of staff, due to a staff shortage. At the time, he had not undertaken safeguarding training and had not read the relevant information in placement plans. This shortfall led to a parent complaining about his use of language: he had described a bottle as 'hot' rather than 'slightly too warm',

which is what she had understood it to be. Her placement plan details that: 'Information must be given to this parent in the most effective way. If not, the parent will become distressed and put up barriers against listening.'

Risk assessments are more detailed and informative, and have been rewritten with the support of the consultants who are supporting the family centre's improvement plan. However, one parent is having two hours of free time a day, which involves the staff undertaking covert surveillance. This action is not part of an agreed risk assessment, and is not clearly documented in the family's placement plan. The parent is not aware of when the staff are observing them. The manager describes the staff actions of shadowing the parent as 'indirect supervision'. No documented agreement is in place from the placing authority that gives permission for this type of surveillance.

All staff are now trained in safeguarding procedures. On one occasion, the staff took action promptly. They reported a potential safeguarding incident to the manager in line with the family centre's safeguarding procedures. A parent accidentally made a small cut on their baby's head with their fingernail. The consultant was present when the member of staff reported this incident to the manager. However, the consultant states that the manager was not going to report it to the appropriate safeguarding authority, dismissing it, according to the consultant, as 'tiny'. She needed prompting by the consultant to report the incident in line with the family centre's safeguarding procedures and safeguarding responsibilities.

On completion of one family's parenting assessment, the recommendation from the family centre was separation of the mother and baby. The parent opted to remain at the family centre for, approximately, a further six weeks, and wait for their court hearing. It is not clear from reading their plan what assessments were taking place during this time. The family centre is now recommending to the court that the family should live in a semi-supported placement in the community. The placing local authority plans to oppose this recommendation. It is not possible to establish the evidence or understanding for the reported substantial and rapid progress.

Scrutiny of the information contained in recent logs does not support the new recommendation. Concerns logged by the staff include: the parent waking the baby up at night to bathe her, not sterilising feeding bottles and not attending to the baby in a timely manner. On one occasion, the baby was left unattended by the parent for one hour and twenty minutes, after waking in the morning, before the parent changed and fed them. Other concerns recorded included the parent trying to give the baby food that was too hot, and on another occasion they had to be prompted to feed the baby after five hours. None of these serious concerns are documented in the report to the court. When the manager, who co-wrote the report, was asked about this anomaly by inspectors, she stated that she did not know and would need to speak to the social workers. The parent has written a letter to Ofsted praising the service, and the support she has received from the staff.

A qualified assessing social worker has been appointed since the previous inspection.

This social worker is still undertaking her induction period as she has not previously worked in a residential family centre. Supervision of qualified social workers is not always being undertaken by an appropriately qualified person.

Parents' views are now recorded in their plans. They are encouraged to give their views and any concerns at weekly feedback meetings. However, feedback from families is not then brought up at the next meeting, to allow families to know about how any concerns have been addressed and acted on. Examples include one family asking for a lightbulb to be changed, one parent stating she feels uncomfortable around male staff and one family asking for staff to be direct rather than 'beating around the bush'.

During a previous inspection, one parent made a complaint to inspectors about the quality of support from agency staff. The record of complaints does not document how this was resolved to the parent's satisfaction, although a parent did report that it was discussed at a residents' meeting. One parent complained about overhearing the staff describe another parent in a judgemental and derogatory way. The issue was addressed by the manager with the staff concerned at a staff meeting. However, the parent who overheard was told to 'concentrate on her own assessment', without any acknowledgement that the staff language was unacceptable. There is no record of what support was offered to either parent following the staff meeting.

Parents' views are gathered following the weekly feedback to them, and are now incorporated in placement plans. However, the views of parents are not yet informing the monthly monitoring visit by the registered individual.

The consultants are supporting the manager to devise and develop a quality assurance system. A development plan has been produced that documents actions that need to be taken to improve the service over the next 12 months. Action against the development plan will be monitored closely in subsequent inspections.

Feedback from placing authorities is mixed. One placing authority is very concerned about the sudden improvement in the parenting capabilities of one family, which is in contradiction to the reported concerns they are receiving in the weekly feedback. The placing social worker said: 'This is a radical change in a very short space of time. Our evidence is opposite of what the family centre says.' The same social worker confirmed that she had not been aware of some of the concerns when informed of them by the inspector. Another placing social worker reports that the final report was 'very comprehensive' and comments positively about the easy communication and that 'anything asked was done'.

What does the residential family centre 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, Residential Family Centre Regulations 2002 and the national minimum standards. The registered person(s) must comply within the given timescales.

Requirement	Due date
Ensure whenever practicable, the wishes and feelings of residents are taken in to account when making decisions about their health and welfare, or the manner in which they are treated. In particular, that residents' views are incorporated in to the quality monitoring processes. (Regulation 10(2))	22/09/2017
Ensure that proper provision is promoted and put in place regarding the health and welfare of residents. In particular, that any health care needs are clearly documented in plans, together with the actions staff need to take to address and meet these identified health needs. (Regulation 10(1)(a))	22/09/2017
Ensure that the child protection policy and procedure is implemented through clear guidance and documentation in placement plans and safeguards children accommodated in the residential family centre from abuse and neglect. In particular, that staff follow this procedure when a child protection concern is discovered and report any unexplained injuries to the relevant authorities in a timely manner. (Regulation 12(1)(a))	22/09/2017
Ensure that before providing a family with accommodation in the residential family centre, or if that is not reasonably practicable, as soon as possible thereafter, draw up in consultation with the placing authority a written plan setting out in particular, an assessment of risks which a resident at the residential family centre may present to their own health, safety and welfare or that of other residents or staff at the centre. Ensure that an impact risk assessment is undertaken to ensure that it is safe for the family to move in with the centre's other residents. It must inform the level of supervision necessary and be kept under review. (Regulation 13(1)(b))	22/09/2017
Ensure that an assessment or monitoring of parents' capacity to respond to children's needs and to safeguard their welfare is monitored or assessed by a suitably qualified person in accordance with the requirements of this regulation. (Regulation 13A(1))	22/09/2017

Ensure that all complaints and concerns made under the complaints procedure are fully investigated. (Regulation 20(2))	22/09/2017
Ensure that a system is established and maintained for reviewing at appropriate intervals and improving the quality of care provided at the residential family centre. (Regulation 23(1)(a)(b))	22/09/2017
Ensure that qualified assessing social workers receive appropriate supervision and appraisal from a suitably qualified person. (Regulation 17(5)(a))	20/10/2017
Ensure that all assessment or monitoring of parents' capacity to respond to children's needs and to safeguard their welfare must be carried out in accordance with appropriate and generally recognised methods for such assessment. In particular, that reports to the court reflect a true and accurate summary of assessment and observation findings. (Regulation 13A(2))	20/10/2017
Ensure that the aims and objectives and intended outcomes of the placement are documented in the placement plan. In particular, the supervision and protection to be provided at the centre regarding how the child's welfare will be promoted. This plan must set out the level of supervision required and how this will change in time dependent on progress. (Regulation 13(1)(b))	22/09/2017
Ensure that the facilities and service to be provided during the course of the placement are documented in the placement plan and risk assessment. In particular, methods of surveillance and that any surveillance by the staff that takes place outside of the residential family centre without the parent's knowledge, is agreed with the placing authority and documented in individual family's placement plan and risk assessment. (Regulation 13(1)(a))	20/10/2017
The registered person shall not employ a person to work at the residential family centre unless that person is fit to work at a residential family centre. In particular, that the suitability of agency staff is checked and evidenced in the records of recruitment. (Regulation 16 (1)(a)(3)(a)(b)(c)(d))	22/09/2017

Information about this inspection

The purpose of this visit was to monitor the action taken and the progress made by the residential family centre since its last Ofsted inspection.

This inspection was carried out under the Care Standards Act 2000.

Residential family centre details

Unique reference number: SC445624

Registered provider: Serendipity (Devon) Ltd

Registered provider address: Serendipity, 24 Victoria Road, EXMOUTH, Devon EX8 1DW

Responsible individual: Ian Jackson

Registered manager: Julie Jackson

Inspector(s)

Tina Maddison: social care inspector

Sarah Canto: social care inspector



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