

# SC431807

Registered provider: SWAAY Child and Adolescent Services Limited

Full inspection

Inspected under the social care common inspection framework

## Information about this children's home

The service is a four-bedded children's home registered for boys who have emotional and/or behavioural difficulties. The home is owned and operated by a private organisation that specialises in the assessment and treatment of male adolescents who have experienced abuse. The organisation also provides education and therapeutic interventions.

**Inspection dates:** 1 to 2 November 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:** 19 October 2016

**Overall judgement at last inspection:** improved effectiveness

**Enforcement action since last inspection:**

none

## Key findings from this inspection

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

- On one occasion, staff did not take effective action when it became apparent that a young person had been at risk of harm.
- The assessment and management of risk do not effectively minimise the potential for young people to come to harm.
- Young people do not always receive the information, support and guidance needed to keep themselves safe.
- There is an inconsistent and underdeveloped approach to the use of physical intervention to manage behaviour.
- There have been occasions when there have been insufficient staff available to supervise young people effectively.
- On one occasion, the admission of a new young person to the group had a highly negative impact.
- Systems for monitoring the quality of care have not been fully implemented.
- There have been shortfalls in the provision of training, resulting in staff not having all the skills and knowledge needed to implement the home's model of care.

The children's home's strengths:

- Young people have access to a range of specialist interventions to support their psychological and emotional well-being.
- Care plans comprehensively identify young people's needs, and their progress is monitored well.
- Restorative practices feature strongly in the home's approach to managing challenging behaviour.
- Young people receive the support and encouragement needed to make good educational progress.
- Detailed planning is undertaken to ensure that young people progress safely towards increased levels of independence.
- Leaders and managers have carefully scrutinised and evaluated the organisation's practice in relation to one serious incident.
- Staff build trusting relationships with young people, and are committed to offering high levels of support.

## Recent inspection history

Inspection date	Inspection type	Inspection judgement
19/10/2016	Interim	Improved effectiveness
01/06/2016	Full	Good
04/01/2016	Interim	Improved effectiveness
03/06/2015	Full	Requires improvement

## 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>12: The protection of children standard</p> <p>In order to meet the protection of children standard, the registered person must ensure:</p> <p>(2)(a)(i) 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>(2)(a)(vi) take effective action whenever there is a serious concern about a child's welfare.</p> <p>This is with specific reference to the assessment and management of risk, taking action to prevent young people becoming exploited, and taking appropriate action following a positive physical intervention.</p>	15/12/2017
<p>13: The leadership and management standard</p> <p>In order to meet the leadership and management standard the registered person must:</p> <p>(2)(d) ensure that the home has sufficient staff to provide care for each child;</p> <p>(2)(h) use monitoring and review systems to make continuous improvements in the quality of care provided in the home. Specifically, ensure that there are sufficient staff on duty so that all children and staff remain safe; and that the manager conducts a review of all serious incidents.</p>	15/12/2017
<p>The registered person must ensure that all employees undertake appropriate continuing professional development. (Regulation 33(4)(a))</p> <p>Specifically, ensure that staff complete training relevant to the organisation's model of care in a timely manner and that staff who physically hold children as part of the 'positive physical intervention' strategy have sufficient training to do so effectively.</p>	15/12/2017
<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. (Regulation 36(1)(a))</p>	15/12/2017

Specifically, ensure that detailed records are kept of the circumstances relating to the physical restraint of children.	
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## Recommendations

- Children's home staff should complement any explanation given by the IRO by helping looked-after children to understand the role of an independent advocate and how they can access one. ('Guide to the children's homes regulations including the quality standards', page 23, paragraph 4.17)
- The registered person should only accept placements for children where they are satisfied that the home can respond effectively to the child's assessed needs as recorded in the child's relevant plans and where they have fully considered the impact that the placement will have on the existing group of children. ('Guide to the children's homes regulations including the quality standards', page 56, paragraph 11.4)
- A record of supervision should be kept for staff, including the manager. ('Guide to the children's homes regulations including the quality standards', page 61, paragraph 13.3)

## Inspection judgements

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

While the day-to-day practice with young people is assisting them to make progress, identified shortfalls in help and protection, and leadership and management, have an impact on the care offered. For example, there are often no risk assessments relating to specific behaviours and vulnerabilities, therefore there are no strategies for staff to follow when challenging situations arise.

Many young people build positive, trusting relationships with the staff. This helps them achieve greater stability and a sense of belonging. Generally, staff have the skills necessary to communicate effectively with vulnerable young people. Staff have created an environment where most young people feel safe enough to reflect on past negative experiences and share their worries and fears. One young person, who has only lived at the home for a short period, spoke to the inspector of his astonishment that a member of staff supported him for two hours during the night, when he was feeling particularly anxious.

Although examples of effective communication with young people are evident, the inspector identified one case when staff failed to engage and communicate effectively with a young person who had disclosed a child protection concern. This is referred to in the help and protection section of this report.

Young people feel that their views on the day-to-day running of the home are taken

seriously. One young person emphasised that the young people have the right to call a house meeting to discuss issues if they are dissatisfied. In recent weeks, the young people's information folder, which includes details of the home's complaints procedure and advocacy services, has been kept in the office. This has meant that important information has not been readily accessible to the young people, particularly as many young people do not keep their own copy of the young person's guide to the home.

All young people have a place at the organisation's school, or in local colleges, and attendance is good. This is a major achievement for some young people who have previously experienced high levels of disruption to their education. The care staff liaise well with teaching staff, and this ensures that care staff are familiar with any difficulties a young person is experiencing in school. Support and encouragement is then given to the young person so that emerging difficulties in school do not become unmanageable.

There is a strong emphasis on encouraging young people to pursue a healthy lifestyle. A social worker expressed her satisfaction with how staff had identified concerns regarding a young person's diet, and had subsequently taken a creative approach to addressing this. Young people's mental health and psychological well-being is prioritised. A strength of the organisation is the expert planning and the range of interventions available to support young people's psychological development. Young people generally engage well in group and individual counselling and, over time, most become more able to reduce unsafe behaviours.

There is a comprehensive approach to assessing young people's ability to manage increasing levels of independence. High levels of support are given, including support in college when needed, to ensure that young people achieve independence in a safe, well-planned way. In the home, young people practice and develop their life and domestic skills, so that by the time they leave they are better prepared to live semi-independently.

A range of stimulating activities are provided for young people, both in the home and in the local community. There is a well-equipped games room, and quieter areas where young people enjoy playing board games or pursuing their personal interests and hobbies. Young people are encouraged to join local community groups, where appropriate. Staff attend with the young person if necessary, and support them to integrate successfully.

Young people are welcomed sensitively to the home, and are promptly provided with the information they need to help them adjust to the daily routine. They are treated with dignity and respect, and staff are committed to helping the young people achieve positive outcomes, despite the many challenges associated with caring for highly vulnerable young people.

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

Practice in relation to safeguarding young people and protecting them from harm has been variable. Effective action has not always been taken when young people are known

to have been at risk of harm. In one case, staff did not record and pass on information relating to a young person who had placed himself at risk of exploitation. In another case, timely and appropriate action was not taken when a member of staff concluded that a young person had received a bruise when staff physically intervened to manage challenging behaviour. However, in other cases emerging safeguarding issues were quickly noted and well monitored, and close liaison with placing authorities was maintained to address the concerns.

The assessment and management of risk lack the detail required. Specific concerns regarding a young person's behaviours and vulnerabilities are not always risk assessed. Potential hazards, such as transporting young people in motor vehicles and managing young people who may set light to materials in the home, had not been individually risk assessed. No risk assessment had been undertaken in respect of staff working alone with young people who may have harmed adults in the past.

No child sexual exploitation risk assessment had been undertaken for a young person known to be at risk. If a risk assessment had been completed, staff may have taken more effective action when that young person placed themselves in a potentially dangerous situation. The risk is compounded by the fact that work to raise young people's awareness of exploitation is not highly developed. The organisation's head of care reported that this shortfall has been identified, and plans are being made to address the issue in partnership with specialists in this area of practice.

The organisation has a policy of 'positive physical interventions'. The behaviour management training that staff receive has a strong focus on de-escalating challenging behaviour in order to avoid situations where physical restraint may become necessary. However, staff received training on how to use one particular physical intervention manoeuvre, when it became apparent that this was needed to manage an aspect of one young person's behaviour. Records reviewed during this inspection indicate that at times staff had to use alternative physical intervention methods to the one they been trained in. The staff would have benefited from being trained to use more than the one physical intervention, in order to keep themselves and the young person safe.

In one case, there was not a timely debrief with a young person who may have received a bruise during a positive physical intervention. Records pertaining to positive physical interventions do not contain sufficient detail to allow a thorough review.

Other aspects of behaviour management practice are far stronger. There is a restorative approach to addressing unacceptable behaviours. Staff have engaged young people in well-planned restorative meetings. Young people have been able to reflect on the consequences of negative behaviours and play an active role in deciding how they can make amends for any harm they may have caused. Young people have a clear understanding of the incentives and benefits of consistently maintaining positive behaviour.

Managers and staff have a detailed knowledge of the background circumstances of the young people. They understand how young peoples' past experiences have left them

vulnerable and likely to engage in unsafe behaviours. Consequently, young people are closely supervised and expected to follow set routines. Young people are familiar with the expectations placed on them, and generally comply with these. This contributes towards young people feeling safe in the home. All young people said they have the trust and confidence in staff to share any worries or concerns they may have.

There have been no long-term concerns regarding young people going missing from the home. On the one occasion when there has been a missing episode, staff have followed agreed protocols and alerted the relevant agencies in a timely manner. The manager has been proactive in ensuring that independent return home interviews are conducted when a young person returns from a missing episode.

The premises are well maintained, and potential health and safety hazards are quickly rectified. Regular checks are undertaken to ensure that safety equipment is in working order, and emergency evacuation plans are understood. This helps to ensure that young people live in a safe environment.

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

The home's registered manager left his post in April 2017. Since this time, the home has been managed by an experienced member of staff who holds a social work degree and is currently studying for the level 5 diploma in leadership and management for residential childcare. The manager has submitted an application to Ofsted to become the registered manager. Since the last full inspection in June 2016, there has been a high turnover of staff. Six members of staff have left the home and seven have joined.

The manager has faced a number of challenges since taking up her post. These have largely been to do with the high level of need and challenges presented by the young people. The admission of one young person in particular, from another of the organisation's homes, had a negative impact on some young people already living at the home. This young person's placement has now ended. Both the manager and the organisation's head of care acknowledge that admitting the young person had disrupted the smooth running of the home. The manager feels that she has been well supported by senior managers and other professionals within the organisation.

During periods of highly challenging behaviour from young people, leaders and managers do not give high enough priority to assessing whether there are sufficient staff on duty to keep all young people and staff safe. On occasions, staff have worked alone with young people and found themselves in challenging situations where they have not been able to maintain good order and a safe environment.

Systems for monitoring the quality of care being provided have not been effective. A number of the serious incident reports examined by the inspector had not been reviewed by managers. In addition, there was insufficient evidence to confirm that all log books and records, such as the home's accident book, are being regularly monitored. Thorough monitoring of these documents should have identified some of the shortfalls referred to in the help and protection section of this report.

Although staff receive regular supervision, this is not always recorded in a timely manner. Consequently, staff do not always have a written record they can refer to, and use to reflect on the decisions and actions that have been agreed with their supervisor. In some cases, when supervision meetings have been recorded little detail is given of the conversations that have taken place in relation to safeguarding matters. Some shortfalls were also identified in the provision of relevant training. The home's statement of purpose identifies the model of care underpinning practice in the home. This is known as PACE (Playfulness, Acceptance, Curiosity and Empathy). Although many aspects of this approach are incorporated into the strategies for providing day-to-day care, five of the home's eight staff have not completed the formal training. Training in the use of physical intervention has not provided staff with the range of skills necessary to safely manage all of the challenging behaviour they have had to respond to in recent months.

One shortfall was identified in young people's case records. The recording of positive physical interventions lacks detail. For example, the circumstances surrounding physical interventions that have lasted between three and five minutes are not well explained. Other aspects of case recording are stronger. There are detailed records of how young people are responding to plans for their day-to-day day care and the therapeutic support they receive. There are highly developed systems for monitoring young people's progress, and the associated records are comprehensive.

Senior managers ensured that a detailed review of practice was undertaken earlier in the year, after a young person became involved in a serious incident. The young person subsequently left the home. The investigation report provides a thorough analysis of the events and circumstances surrounding the incident. This indicates that the organisation is prepared to critically examine practice, and identify areas for development.

Leaders and managers oversee the referral and admissions process, and take a proactive role in ensuring that detailed information is provided before a decision is made to offer a placement. Effective communication is maintained with placing authority social workers. One social worker indicated that planning young people's care is an inclusive process, and that consultation takes place when significant decisions need to be taken. Leaders and managers act promptly to ensure full engagement with social workers when a young person is not settling well, or when there are concerns that the young person may not be making good overall progress.

## **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:** SC431807

**Provision sub-type:** Children's home

**Registered provider:** SWAAY Child and Adolescent Services Limited

**Registered provider address:** 591 London Road, Sutton, Surrey SM3 9AG

**Responsible individual:** Gerard Berry

**Registered manager:** Post vacant

## Inspector

Stephen Collett, social care inspector

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