

# 1183069

Registered provider: Priory Education Services Limited

Full inspection

Inspected under the social care common inspection framework

## Information about this children's home

This home is registered for up to six children who have mental disorders. It is privately owned, and is also registered with the Care Quality Commission.

**Inspection dates:** 20 to 21 November 2017

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

How well children and young people are helped and protected      good

The effectiveness of leaders and managers      good

The children's home provides effective services that meet the requirements for good.

**Date of last inspection:** 26 January 2017

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

**Enforcement action since last inspection:**

None

## Key findings from this inspection

This children's home is good because:

- The children at this home have high-quality experiences and make exceptionally good progress.

- The staff build good, trusting relationships with the children.
- The children make exceptional progress in their education. All of them regularly engage in educational activities.
- The staff support the children to make very good progress with their health and their emotional well-being.
- The staff encourage the children to take part in a wide range of activities, in the home and in the community.
- The staff encourage the children to express their views in a variety of ways, including through well-run and effective children's meetings.
- The children learn to develop understanding, tolerance and care for others. They support others in need through charity work and volunteering.
- The managers and staff have a strong commitment to the children and high aspirations for them.
- The children become safer during their time at the home as they learn to manage their emotions more effectively.
- The staff are well informed about a range of safeguarding issues, and they help the children to learn how to keep themselves safer.
- This is a settled home with a calm and relaxed feel.
- The staff encourage the children to have clear routines and appropriate behaviour.

The children's home's areas for development:

- Records of physical interventions are not always clear and fully completed.
- The location risk assessment was not reviewed following a significant incident relating to the location.
- While monitoring is generally good, it has failed to identify some significant issues.
- The review of the quality of care does not include, and is not clearly informed by, the views of the children, their parents, staff and placing authorities.
- Records of supervisions are not sufficiently full or clear.
- Two of the issues above (records of physical intervention and the quality of care review) were raised as shortfalls at the previous inspection.

## Recent inspection history

<b>Inspection date</b>	<b>Inspection type</b>	<b>Inspection judgement</b>
26/01/2017	Interim	Improved effectiveness
13/04/2016	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 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 to aspire to their full potential and promotes their welfare.</p> <p>In particular, the standard in paragraph (1) requires the registered person to use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13(1)(a)(b)(2)(h))</p>	31/01/2018
<p>The registered person must ensure that within 24 hours of the use of a measure of control, discipline or restraint in relation to a child in the home, a record is made which includes a description of the measure and its duration. (Regulation 35(3)(a)(iv))</p>	31/01/2018
<p>The registered person must complete a review of the quality of care provided for children ('a quality of care review') at least once every 6 months which must provide for ascertaining and considering the opinions of children, their parents, placing authorities and staff. (Regulation 45(1)(5))</p>	31/01/2018
<p>The registered person must review the appropriateness and suitability of the location of the premises used for the purposes of the children's home at least once in each calendar year taking into account the requirement in regulation 12(2)(c) (the protection of children standard). (Regulation 46(1))</p> <p>In particular, ensure that the assessment is reviewed following significant incidents when children put themselves at risk in the local area.</p>	31/01/2018

### Recommendations

- Ensure that the records of supervisions provide evidence that supervision is being delivered in line with regulation 33(4)(b). ('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: good

The children at this home have high-quality experiences and make exceptionally good progress. Shortfalls in the areas of how children are helped and protected, and the effectiveness of leaders and managers, prevent this home being judged as outstanding.

The staff develop very good relationships with children and their parents. One social worker said that a child they currently have at the home has difficulty in forming attachments, but she has settled into the home and has been able to form a number of positive relationships with staff. Some of the children's parents have made very positive comments about the home. One commented on how the staff helped them to cope with the anxiety of their child moving into the home, and provided them with regular updates. These high-quality relationships help the children to settle into the home, and benefit from the opportunities with which they are provided. Close and effective joint working with parents helps to ensure that children's individual needs are met well.

The children make very good progress in relation to their health, education and emotional well-being. The staff are attentive to the children's health needs, and in one case they arranged for a child to have a medical procedure for which he had been waiting for a long time. Consequently, he is becoming able to take part in a much wider range of activities and exercise. This home looks after children who experience mental ill health, and the manager and staff are very skilled at helping to meet these children's needs. A placing social worker said that the child they have placed at the home was, 'emotionally very angry, but now is very approachable. She is able to regulate her emotions much better, has learned skills to manage this, and self-harm is now a last resort.' Another said that the home has been 'very, very good' for the child, and that they have improved significantly. The children have access to specialist services and therapies through the home.

All of the children at the home have been assessed as unable to access education, but the staff, including a teacher from a school which is part of the organisation, have successfully engaged them all in educational activities. They take part in a varied programme of activities, including regular trips to use resources in the community such as a golf driving range and a music recording studio. One child regularly goes horse riding and is learning about horse care. Another child was not in school before she moved to the home, and said she would not do exams. She now engages in education every day and wants to do GCSEs. The educational support provided at the home enables the children to make exceptional progress, and will help to prepare them for further education as their mental health improves. The staff helped one child to get a part-time job, and when she was unable to continue with this job they found some volunteering work for her. This is helping her to prepare for future independence and work. The staff are also allowing her to try things, so that she can take some age-appropriate risks in a safe environment, but they support her if the attempts are not successful.

The children are able to take part in a range of group and individual activities which

allow them to have age-appropriate experiences, develop self-esteem and manage their mental health. One child has regular drumming sessions which she says help her with her mental health. Some of the children need a high level of support and encouragement in order to be able to engage in activities and socialise. The staff provide them with this support so that they can grow emotionally and socially, and enjoy themselves. Some of the children's parents have said how much the staff have helped their children with this emotional and social growth. Parents also commented on how the staff help the children to express themselves.

The staff support children when they move into or out of the home. They plan the children's moves into the home carefully. The parent of one child who lives a significant distance from the home was able to visit the home before he moved in, and his social worker was at the home when he moved in. Some of the children have moved from the home in a planned way, and for others the moves have been at very short notice. This has not been due to the care that they have received, but rather their changing mental health. Some of these children have written to the home, recognising the progress that they have made and the work which the staff did with them. One wrote, 'You guys are so good at your job... You've all have gone out of your way to help me.' Another child who moved from the home wrote that their 'stay at [the home] was honestly life changing... I'm finally enjoying life, spending time with my family and friends. I'm able to make phone calls and go places confidently without any trouble... I can't thank [the home] enough for my amazing experience.'

The staff support children's contact with their families. One placing social worker said that this had been 'excellent', and that it had been very positive for the child. The staff help with transport for those children whose families live a long way from the home. They support some children to have contact with friends and form age-appropriate relationships. This helps children to maintain important relationships with people who are important to them, and who will be part of the future lives.

There are weekly meetings when the children and the staff on duty sit down in the lounge to a take-away or other 'fun' meal. Staff use the meetings to discuss anything the children want to raise, and to plan meals and activities for the coming week. The children are very engaged in this planning. They readily suggest meals and offer to cook, or help to cook, them. For example, one child offered to cook a meal herself, but said she would also like to cook a roast and would need the staff to help her. The children show a real understanding of each other's needs. One is a vegetarian, and the other children take this into account in their choices. But she also understands that while they look for vegetarian options, at times it may be easier for her to cook her own meal so that the others can have their choice. This involvement in planning helps children to feel engaged in the home, to learn about discussion and compromise and to learn skills for their future independence. The staff help the children to learn about tolerance and understanding through sessions on prejudice and discrimination, and through work that the children are involved in: supporting a child in a third world country and helping to raise money for a local family who lost everything in a fire.

Social workers and the children's parents made very positive comments about the high

level of commitment by the managers and staff, and how much they want the children to do well. One parent commented that the staff, 'want to make a difference to the lives of the children at [the home]. Everyone seems happy to be working at [the home], and they all come across as having a good attitude towards their work, towards each other, the children and parents.' A social worker commented that, 'The staff and management seem dedicated and driven to improving the child's outcomes.' This level of commitment and the high aspirations for the children help to achieve the very positive outcomes for the children.

### **How well children and young people are helped and protected: good**

The children become increasingly safe as a result of the work that the staff do with them. The children reduce their levels of self-harm and learn to manage their emotions more effectively. A social worker said that, 'Staff have been able to manage the child's vulnerability and given her appropriate levels of independence to reduce risk.' Another said that the staff have helped the child to learn how to keep themselves safe. A third said that the ligature-free environment was good for their child, and there are not the triggers at the home that may initiate self-harming behaviour. The trusted relationships between the staff and the children add to the success of this work.

There have not been any incidents of children going missing from care since the previous full inspection. When there have been concerns about specific safeguarding matters, the staff have identified these and made appropriate referrals to other agencies. The staff have training in areas such as identifying radicalisation and risk of female genital mutilation. They provide the children with information on issues such as these and internet safety through discussions, workshops and written information. Consequently, children are well informed about these issues, and this helps them to keep themselves safe.

The children are kept safer in this home because it has been specifically designed for children who may self-harm or attempt to take their lives, and the staff are appropriately experienced and trained. For example, fixtures are designed so that they could not be used as ligature points. Mental health nurses work alongside care staff to provide an environment which supports the children. Parents and social workers said that the staff have a good understanding of children's needs. Comments included:

- 'The staff try their very best to enable my son to express himself, and monitor his well-being carefully.'
- 'The [child] I placed has been able to meet with various members of staff and the manager on a 1:1 basis to explore issues, worries and concerns.'
- 'I feel I have a positive relationship with this home and I have been able to work well with all the staff, to ensure that the young person has kept safe and improved her emotional well-being.'

The children live in a very settled home with a calm and relaxed feel, because the staff encourage clear routines and appropriate behaviour. Social workers said that the staff support children to deal with their difficult emotions in a positive way, and work in

partnership with them to identify ways in which the children can manage situations better. There is a very low use of sanctions and a low use of physical intervention. However, after one long and significant incident staff did not record the physical interventions clearly. The physical intervention records refer to six different types of hold, but the description only refers to two incidents of a child being 'escorted'. The duration of the holds, and who was involved in them, are not recorded. This was a difficult situation which went on for 16 hours, but not having clear and accurate records makes it difficult to review and monitor staff practice, and removes an element of protection for the children. This matter was raised at the last inspection.

The staff use clear risk assessments for the children, which identify the individual risks for each child and provide information on how these can be managed. These risk assessments help to ensure that all of the staff know how to keep individual children safe. There is a location risk assessment for the home which covers some relevant issues, but it has not been updated following an incident when a child put themselves at significant risk in the locality of the home. Consequently, while it does cover many areas sufficiently, the assessment is not as clear and up to date as it could be in informing all staff about how to manage some areas of risk.

### **The effectiveness of leaders and managers: good**

The registered manager has recently resigned her registration and become the responsible individual. The previous deputy manager has been appointed as manager, and is in the process of applying to become registered. Although this has been a time of change, the appointments have provided an element of consistency for the staff and the children. In addition, there are stable and experienced staff who are enthusiastic about their work. A parent said that:

'The staff at [the home] are an intelligent bunch of positive and proactive people who want to make a difference to the lives of the children at [the home].'

The managers use monitoring tools to keep track of children's progress and development. They have a good understanding of the individual children's needs, and have high aspirations for the children. The attitudes of the staff and the managers help to engender the understanding and tolerance seen within the group of children in the home. Despite the detailed monitoring tools and a generally good overview by managers, some significant issues have not been identified. These include the physical intervention record referred to above, and an issue over a child's care plan review. There was confusion over whether the review, which was scheduled for September 2017, had taken place or not. It transpired during the inspection that the review had taken place, but as the managers had not realised this they had not chased the placing authority for the minutes of the review. This left the home and the child without the recorded decisions from the review. Managers have good working relationships with placing authorities and generally challenge them when they need to, for example by requesting overdue meeting records. This did not happen in this case because the monitoring had not identified that the review had taken place, and the minutes were so overdue. Generally, a good

awareness by managers of what is happening, a willingness to learn, and a desire to improve practice helps to ensure that the children's needs are identified and met. However, the few areas where monitoring has not been effective have limited this ability.

There are regular visits to the home by an independent visitor which provide an effective external oversight of the running of the home. The manager completes reviews of the quality of care, and these result in actions to improve the care that the children receive. However, while there is a consultation overview, this describes how surveys are sent out and where evidence of feedback can be found in the home. It is not clear how the views of children, their parents, placing authorities and staff have informed the review. This limits the evidence base of the review, and risks missing some important feedback. This matter was also raised at the last inspection.

Managers carry out regular supervisions and annual appraisals of staff. Supervisions include actions for the staff to complete, and discussions about the children. However, the records of these supervisions are very brief and do not show that they are being conducted in line with regulations, nor that issues are always followed up and that comments about the children are explored. From discussions with staff and managers, it seems that this is an issue of recording rather than practice. However, without the clear records it is difficult for managers to monitor the quality of supervision and to have an overview of the quality of staff practice, including ensuring that action points from supervisions are completed. Nursing staff have care and clinical supervision. They are able to maintain their nursing registration through the training that is provided.

The staff have a good range of training relevant to their work in the home, including:

- fire safety
- first aid
- safeguarding
- de-escalation and physical intervention
- mental health first aid (which includes self-harm)
- administration of medicines
- an introduction to Asperger syndrome
- suicide prevention.

These training options give staff the knowledge and skills required to provide a high level of care to the children and to meet their individual needs well, and to help ensure that the home meets its statement of purpose.

## **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:** 1183069

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

**Registered provider:** Priory Education Services Limited

**Registered provider address:** Priory Group, 80 Hammersmith Road, London W14 8UD

**Responsible individual:** Joanne Capuano

**Registered manager:** Post vacant

## Inspector

Clive Lucas, social care inspector

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