

# SC396813

Registered provider: Chailey Heritage Foundation

Full inspection

Inspected under the social care common inspection framework

## Information about this children's home

This setting is owned by a charity and is registered to accommodate up to 27 children who have sensory impairment and/or learning disabilities and/or physical disabilities. On site is a non-maintained special school catering for children and young people aged three to 19 years. Adults receive residential care in Care Quality Commission registered homes on the same site. A team of nurses, therapists and specialists, funded by the primary care trust, is also based on site and provides medical support.

**Inspection dates:** 1 to 2 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:** 1 March 2017

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

**Enforcement action since last inspection:** None

## Key findings from this inspection

This children's home is good because:

- The children benefit from highly individualised care and support.

- Relationships between the children, their parents and the staff are well established. Parents are involved in decision-making and feel that staff look after their children well.
- Children are supported to develop new skills and reach their full potential.

The children's home's areas for development:

- The safeguarding policy does not clearly outline the process for reporting concerns externally.
- Risk assessments do not consider issues for children who share rooms; nor are parent's views considered in the process.
- Record keeping does not always reflect the quality of care provided to the children.

## Recent inspection history

<b>Inspection date</b>	<b>Inspection type</b>	<b>Inspection judgement</b>
01/03/2017	Interim	Sustained effectiveness
18/07/2016	Full	Good
28/01/2016	Interim	Improved effectiveness
15/07/2015	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
The registered person must revise the policy for the protection of children to include all the matters within the regulation, specifically in relation to reporting child protection concerns/allegations against staff and making referrals externally. (Regulation 34(1)(b)(2)(a)(b)(c)(d)(e)(f))	30/01/2018
The registered person must ensure that arrangements are in place to manage and review the placement of each child in the home. (Regulation 14(2)(b)(ii)) In particular, ensure that impact risk assessments for room sharing include the rationale for the decision, and these should also include the views of social workers, parents and, where possible, children.	30/01/2018
The registered person must ensure the statement of purpose covers all matters listed in Schedule 1. (Regulation 16(1)) In particular, it should state the experience and qualifications of staff, including any commissioned to provide healthcare.	30/01/2018

### Recommendations

- Ensure that staff are familiar with the home's policies on record keeping and understand the importance of careful, objective and clear recording. ('Guide to the children's homes regulations including the quality standards', page 62, paragraph 14.4) In particular, where body maps have been used to show bruising, also indicate the decision/outcome and any action taken; sign and date amendments to care plans.
- Ensure that the registered manager maintains good employment practice. ('Guide to the children's homes regulations including the quality standards', page 61, paragraph 13.1) In particular, update the recruitment policy and procedure to include pre-employment checks for staff who have lived overseas.

## Inspection judgements

### Overall experiences and progress of children and young people: good

Children benefit from highly individualised care and support across all aspects of their lives. This includes in their access to the organisation's school and medical facilities. Children live in bungalows designed to meet their complex needs. The physically accessible layout provides the children with the opportunity to be as independent as possible. However, while the majority of children benefit from sleeping in single rooms, some have to share their bedrooms with other children.

Compatibility risk assessments completed by managers prior to the children moving in consider these arrangements. However, decisions about placements are largely dependent on bed availability and not necessarily compatibility. Where matching does take place, the focus tends to be on disability rather than chronological age. Failure to involve parents and review these decisions formally means that children may be sharing with older children or children they would not ordinarily choose. Although the staff feel the impact on children is minimal in the majority of cases, parents spoken to during the inspection feel they have no choice but to accept this if they want to continue receiving support.

Committed and patient staff provide consistency, structure and routine within a calm and nurturing environment. Working in teams, the staff work closely together to help the children to make progress. Focusing on outcomes, the staff support the children to develop new skills and reach their full potential. One example is a child driving her wheelchair to school with minimal assistance in order to be as independent as possible. As a result, the children are settled, well looked after and preparing for adulthood.

Comprehensive and detailed plans guide practice. However, in some cases, typed care plans contain hand-written comments. While these changes provided relevant information and clear direction for the staff, it was not clear who had made them and when. Although no negative impact was found, this has the potential to result in confusion for staff, particularly new or agency. It was also very evident during the inspection that well-trained staff know and understand the children's differing and complex needs. Patient and sensitive in their approach, staff are extremely child-focused and work at each child's pace. Observations of the staff showed them routinely following care plans, encouraging children to stay on target and supporting them to achieve their goals.

The staff work hard to build and sustain relationships with parents and carers. This includes involving them in the care-planning and decision-making processes. One parent spoken to during the inspection said that they felt that the 'communication and information sharing was very good'. They also felt that the staff were 'approachable' and dealt with any concerns appropriately. An initiative introduced recently has seen parents invited into team meetings to talk about what it is like to be a parent of a disabled child. As a result, the staff have developed a deeper appreciation and understanding of the families of those they care for.

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

The safeguarding arrangements in place help the staff to keep children safe, and as a result incidents are extremely rare. Staff are vigilant and alert to the vulnerabilities and needs of disabled children; they feel confident raising issues and concerns internally. Examples include the staff contacting the nursing team for advice when any marks or bruising are observed on a child. The process delegates to the nurse to decide if any further action is required. However, while this practice is consistent with organisational policy, the practice around threshold decisions being made by the nursing team mean that leaders and managers may not always know about low-level concerns.

Conscientious leaders and managers have painstakingly reviewed and amended the safeguarding policy. A single flowchart now provides a visual guide for the staff telling them what to do if they have concerns about children. Despite the staff spoken to during inspection confirming that they know and understand the flowchart, the written guidance is confusing. The policy still lacks clarity in terms of whom to report concerns to externally, specifically the difference between allegations against members of staff and wider child protection concerns.

Leaders and managers are determined to ensure that safeguarding arrangements are effective. Following the last inspection, the updated policy now includes guidance on bruising in non-ambulant children. However, the recording of these incidents by the staff lacks detail. While there is no evidence to suggest that this has resulted in any safeguarding concerns, the failure by the staff to provide sufficient information could inhibit leaders and managers from taking the most appropriate action.

Other incident records viewed were also incomplete and did not reflect the recording guidance outlined in the procedure. In these instances, the safeguarding lead had failed to record information detailing the next steps, the decision-making process or the outcome. There is nothing to suggest that this has had a negative impact on the safety of children. Nevertheless, the missing information makes it difficult for managers to monitor incidents adequately.

Supported by the responsive and skilled nursing team, the staff only undertake healthcare tasks that they are trained to do. While this is safe practice, it can sometimes affect shift planning. As a result, leaders and managers have listened to feedback, have worked hard to prioritise training for the staff who need it and have recruited to staff vacancies.

On the rare occasion when things do go wrong, leaders and managers fully investigate incidents; for example, medication errors are used to learn from mistakes and prevent a re-occurrence.

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

The registered manager has been in post since January 2016.

Since the last inspection, a review of the management arrangements has taken place and action taken to address the findings. This has included acknowledging that the current registered manager's role is too vast as he has strategic responsibilities alongside the day-to-day management tasks. The post will be split and the current registered manager will retain only the strategic responsibilities. The registered manager post will be advertised. This will give the current registered manager the opportunity to focus on his wider strategic role across the site. However, in the interim, leaders and managers are making every effort to be more visible.

Leaders and managers have put clear action plans in place to address specific concerns in one of the bungalows. Interim management arrangements have strengthened the quality of care as well as having had a positive impact on staff morale. Some staffing shortages remain and as a result managers are prioritising both training and recruitment in these areas.

The leaders and managers value the staff and regard them as an asset to the organisation. The staff benefit from a good induction and a clear training pathway. There is also a huge commitment to developing the staff with access to, and support in gaining, relevant qualifications. The managers have high expectations for the completion of these awards and are willing to take action if the staff do not achieve them. This ensures that the staff are suitably trained to meet the needs of the children.

Recruitment practice across the organisation reflects good practice guidance. This includes verifying references. However, the details of what is discussed on verification is not recorded. Equally, the policy also does not include the process undertaken when carrying out checks on new staff who have lived outside the UK.

Overall, there are good levels of supervision and support for the staff and managers. This includes meetings taking place regularly and focusing on both the staff and the children. However, some opportunities to reflect on practice are not utilised. For example, following a complaint about a staff member's practice (separately resolved), supervision was not used to consider how or why it arose.

## **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:** SC396813

**Provision sub-type:** Residential special school

**Registered provider:** Chailey Heritage Foundation

**Responsible individual:** Denise Banks

**Registered manager:** Andrew Lewis

## Inspectors

Amanda Harvey, social care inspector

Emeline Evans, social care inspector

Maria Lonergan, social care inspector



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Piccadilly Gate  
Store Street  
Manchester  
M1 2WD

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Textphone: 0161 618 8524  
E: [enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk)  
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