

# SC036732

Registered provider: Nottinghamshire County Council

Full inspection

Inspected under the social care common inspection framework

## Information about this children's home

This local authority children's home provides short breaks for up to eight children and young people who have significant learning disabilities and associated challenging behaviour. This includes one placement that can be used for emergencies.

The manager has been registered for this home since 2004.

**Inspection dates:** 17 to 18 April 2018

**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:** 7 August 2017

**Overall judgement at last inspection:** good

**Enforcement action since last inspection:** none

## Recent inspection history

Inspection date	Inspection type	Inspection judgement
07/08/2017	Full	Good
21/02/2017	Interim	Sustained effectiveness
29/11/2016	Full	Good
29/03/2016	Interim	Improved effectiveness

## 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 children's views, wishes and feelings standard is that children receive care from staff who—</p> <p>develop positive relationships with them;</p> <p>engage with them; and</p> <p>take their views, wishes and feelings into account in relation to matters affecting the children's care and welfare and their lives.</p> <p>In particular, the standard in paragraph (1) requires the registered person to—</p> <p>ensure that staff—</p> <p>help each child to express views, wishes and feelings;</p> <p>regularly consult children, and seek their feedback, about the quality of the home's care.</p> <p>(Regulation 7 (1)(a)(b)(c)(2)(a)(ii)(iv))</p>	29/06/2018
<p>The independent person must produce a report about a visit ("the independent person's report") which sets out, in particular, the independent person's opinion as to whether—</p> <p>children are effectively safeguarded; and</p> <p>the conduct of the home promotes children's well-being.</p> <p>(Regulation 44 (4)(a)(b))</p>	29/06/2018
<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.</p> <p>The system referred to in paragraph (2) must provide for ascertaining and considering the opinions of children, their parents, placing authorities and staff. (Regulation 45 (1)(5))</p>	29/06/2018

## Recommendations

- 'Managing medicines in care homes' (March 2014) is a guideline that applies across both health and social care. ('Guide to the children's homes regulations including the quality standards', page 35, paragraph 7.17)

## Inspection judgements

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

Children have a good time during their short breaks. They enjoy experiences that they may otherwise not have, and they have the opportunity to socialise and make new friends. This helps them develop their confidence and self-esteem. Children also develop their independence and self-care skills because staff identify and support children to achieve measurable outcomes. This is a relatively new system that is not yet embedded.

Children have positive relationships with the staff. Staff know the children well and they speak very warmly of them. Staff are clearly committed to providing a high standard of care that meets the children's individualised needs. 'All about me' booklets have been developed since the last inspection to give a clear and detailed overview of each child's likes, dislikes and preferences. This supports staff to respond appropriately to each child.

Short breaks are well planned. A number of factors are taken into account to try to ensure that children have the best stay possible. Staff contribute to this process by feeding in their observations for future planning.

Parents spoke highly of the relationships that they have with the managers and staff at this home. One parent described staff as 'knowledgeable, calm and accommodating of individual needs and wishes'. Another parent said: 'Staff are brilliant.' Communication is excellent and staff are readily available to provide reassurance and support, both during the short break but also when the child is at home.

Introductions to the home are well planned and taken at the child's pace. This helps them to settle and enjoy their stay. Key workers obtain as much information as possible from parents, schools and other professionals so that care and support are provided consistently.

When young people are ready to leave the service to progress to adult provision, the staff from this home work well in partnership with the transitions social worker to try to find the most suitable service. The staff share information and work flexibly for the benefit of the young person. For example, because a worker at this home has a particularly good relationship with a young person, she is accompanying him on the visits. The transitions worker described this as 'going the extra mile'.

On a day-to-day basis, staff provide care and support that accords with children's preferences. There are also examples of good practice that demonstrate a more in-depth

consultation with some children about the service they receive. However, this is not consistent. Records of key-working sessions are limited and do not demonstrate the input that children have in developing the service.

The arrangements for administering medication are generally safe. However, the room that is used for storage is rather warm, as is the medication refrigerator. This could compromise the efficacy of the medication. Although thermometers are available, the action taken to rectify the situation is unclear. Good practice, as recommended by the Royal Pharmaceutical Society, is to record controlled drugs separately in a controlled drugs register. However, this is not done.

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

Children's safety and well-being are assured because there are good staffing ratios, staff have a robust understanding of their roles and responsibilities in relation to safeguarding, and the building is secure. Children do not go missing from this home.

Behaviour is well managed because there are comprehensive behaviour management plans that provide staff with clear written guidance about strategies to use to minimise incidents. Staff use physical intervention and sanctions appropriately and both are subject to managerial oversight. This provides the opportunity for reflection and challenge to improve staff practice when this is necessary. Of particular note is the significant reduction in the use of physical intervention for one child because staff have identified triggers and adapted the strategies effectively.

Risk is assessed and managed well. Comprehensive risk assessments inform detailed risk management plans that are reviewed following any incident as well as in case management meetings. This ensures that these plans remain relevant and up to date.

The management team and staff have regular training in all aspects of safeguarding, including sexual exploitation and radicalisation. Some of the safeguarding training specifically addresses the additional vulnerabilities of disabled children. Staff demonstrate a good understanding of this and their responsibility to share any concerns with managers. The responsibility to safeguard children is their priority.

Concerns and allegations are dealt with thoroughly and in accordance with statutory guidance. The manager attends multi-agency meetings and cooperates fully with her responsibility to share information promptly. Consequently, decisions made to safeguard children are made by professionals who are fully informed of all the facts.

There is a systematic approach to managing health and safety responsibilities. Good planning and review ensure that all the necessary checks are undertaken to keep children safe from harm.

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

The home is led and managed by a suitably qualified and experienced registered manager. She is child focused and committed to developing the service. The manager links in with other providers to share good practice. For example, a recent innovative piece of work is the establishment of a group for the brothers and sisters of children receiving short breaks.

Staff are well supported by regular reflective supervision, team meetings and training. This promotes their competence and good practice. The management team has expanded the range of training to enhance the competence of staff so that the home can offer a service to children who have more complex medical needs and interventions. This is also an example of effective partnership working, as it has developed the links with health professionals.

Partnership working is effective in promoting children's positive outcomes and experiences. This includes accessing local resources and funding to provide additional facilities for the home, for example the sensory garden. Communication with other professionals is good and underpins the provision of consistent of care and support. The manager uses appropriate challenge when partners are not acting in the children's best interests.

Day-to-day monitoring is effective in ensuring that staff practice is safe and of a good quality. However, the reports of the independent visitor lack analysis and do not give a clear opinion about the impact of staff practice on children's safety and well-being. The manager's six-monthly review of the quality of care is not informed by the views of children, parents, staff or social workers. This limits its scope and effectiveness in developing the service.

## **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:** SC036732

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

**Registered provider address:** Nottinghamshire County Council, County Hall,  
Loughborough Road, West Bridgford, Nottingham NG2 7QP

**Responsible individual:** Vonny Senogles

**Registered manager:** Lynda Rhodes

## Inspector

Ros Chapman, social care inspector



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