

SC033362

Registered provider: Peterborough City Council

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This secure children's home is operated by a local authority and is approved by the Secretary of State to restrict young people's liberty. The children's home can accommodate up to 16 children who are aged between 10 and 17. It provides for children accommodated under section 25 of the Children Act 1989, who are placed by local authorities.

Admission of any young person who is under 13 years of age requires the approval of the Secretary of State, under section 25 of the Children Act 1989.

The commissioning of health services in this home is the statutory responsibility of NHS England under the Health and Social Care Act 2012. Education is provided on site in dedicated facilities.

The registered manager has managed the home since May 2013.

Inspection dates: 22 to 23 May 2018

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 **inadequate**

Outcomes in education and related learning activities **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: 16 January 2018

Overall judgement at last inspection: sustained effectiveness

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
16/01/2018	Interim	Sustained effectiveness
18/07/2017	Full	Good
24/01/2017	Interim	Sustained effectiveness
26/04/2016	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 enjoyment and achievement standard is that children take part in and benefit from a variety of activities that meet their needs and develop and reflect their creative, cultural, intellectual, physical and social interests and skills.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that each child has access to a range of activities that enable the child to pursue the child's interests and hobbies. (Regulation 9 (1)(2)(b))</p>	09/07/2018
<p>The positive relationships standard is that children are helped to develop, and to benefit from, relationships based on—</p> <p>an understanding about acceptable behaviour; and</p> <p>positive responses to other children and adults.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that staff—</p> <p>meet each child's behavioural and emotional needs, as set out in the child's relevant plans. (Regulation 11 (1)(b)(c)(2)(a)(i))</p>	09/07/2018
<p>The protection of children standard is that children are protected from harm and enabled to keep themselves safe.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that the premises used for the purposes of the home are designed, furnished and maintained so as to protect each child from avoidable hazards to the child's health. (Regulation 12 (1)(2)(d))</p>	09/07/2018
<p>The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the</p>	09/07/2018

<p>children’s home that—</p> <p>promotes their welfare.</p> <p>In particular, the standard in paragraph (1) requires the registered person to—</p> <p>ensure that staff have the experience, qualifications and skills to meet the needs of each child;</p> <p>and</p> <p>use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(b)(2)(c)(h))</p>	
<p>The registered person may only—</p> <p>employ an individual to work at the children’s home if the individual satisfies the requirements in paragraph (3).</p> <p>The requirements are that—</p> <p>full and satisfactory information is available in relation to the individual in respect of each of the matters in Schedule 2. (Regulation 32 (2)(a)(3)(d))</p>	09/07/2018
<p>The registered person must ensure that all employees—</p> <p>undertake appropriate continuing professional development;</p> <p>receive practice-related supervision by a person with appropriate experience; and</p> <p>have their performance and fitness to perform their roles appraised at least once every year. (Regulation 33 (4)(a)(b)(c))</p>	09/07/2018
<p>The registered person must ensure that—</p> <p>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—</p> <p>the name of the child;</p> <p>details of the child’s behaviour leading to the use of the measure;</p> <p>the date, time and location of the use of the measure;</p>	09/07/2018

<p>a description of the measure and its duration;</p> <p>details of any methods used or steps taken to avoid the need to use the measure;</p> <p>the name of the person who used the measure (“the user”), and of any other person present when the measure was used;</p> <p>the effectiveness and any consequences of the use of the measure; and</p> <p>a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure. (Regulation 35 (3)(a)(i-viii))</p>	
<p>In order to complete a quality of care review the registered person must establish and maintain a system for monitoring, reviewing and evaluating—</p> <p>the quality of care provided for children;</p> <p>the feedback and opinions of children about the children’s home, its facilities and the quality of care they receive in it; and</p> <p>any actions that the registered person considers necessary in order to improve or maintain the quality of care provided for children. (Regulation 45 (2)(a)(b)(c))</p>	<p>09/07/2018</p>

Recommendations

- Ensure that children are provided with nutritious meals suitable for each child’s needs. (‘Guide to the children’s homes regulations including the quality standards’, page 15, paragraph 3.8)

In particular, ensure that the meals offered are nutritious and that choices are varied.
- For children’s homes to be nurturing and supportive environments that meet the needs of children, they will, in most cases, be homely, domestic environments. (‘Guide to the children’s homes regulations including the quality standards’, page 15, paragraph 3.9)

This is with specific reference to ensuring that graffiti is removed in a timely manner.
- Ensure that the ethos of the home supports each child to learn. (‘Guide to the children’s homes regulations including the quality standards’, page 29, paragraph 5.18)

Specifically, improve the provision, quality and range of information and communication technology in education so that children can more easily access information and learn new skills.

- Ensure that the ethos of the home supports each child to learn. ('Guide to the children's homes regulations including the quality standards', page 29, paragraph 5.18)

Specifically, improve the governance arrangements for education so that curriculum development and performance management information are scrutinised to ensure effective planning for the future.

- Ensure that the ethos of the home supports each child to learn. ('Guide to the children's homes regulations including the quality standards', page 29, paragraph 5.18)

Specifically, further strengthen the quality of teaching and learning by ensuring that feedback from lesson observations is used more effectively to improve and sustain performance.

- Staff should understand what they must do to prevent bullying of children by other children. ('Guide to the children's homes regulations including the quality standards', page 39, paragraph 8.16)

In particular, ensure that the staff implement the home's anti-bullying policy and record all bullying incidents on the home's identified document.

- The registered person must ensure that any allegation of harm or abuse is addressed in line with the home's child protection policy. ('Guide to the children's homes regulations including the quality standards', page 44, paragraph 9.17)
- Ensure that sanctions used to address poor behaviour are restorative in nature, to help children recognise the impact of their behaviour on themselves and other children. ('Guide to the children's homes regulations including the quality standards', page 46, paragraph 9.38)

Inspection judgements

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

Children make progress in all areas of their development taking into account their starting points. The staff quickly build positive relationships with children. The staff have a good understanding of children's individual needs, and recognise their achievements. Staff deliver meaningful key-work sessions that reflect each child's needs. These sessions cover relevant topics such as behaviour, child sexual exploitation, sexually harmful behaviours, self-harm and self-esteem.

The living environment is mostly uninviting; it lacks a homely feel. There is a significant amount of graffiti in communal areas and individual bedrooms. Although staff are quick to challenge children's actions and remove pens and from their possession, they do not

always report this damage in a timely manner. One lounge area is well maintained, with children's drawings displayed. There are other lounge areas with torn and damaged pictures on the walls. Damage to rubber skirting in some areas and to one en-suite bathroom potentially places children at risk.

Children know how to make a complaint. For the majority of complaints, children receive timely and considered responses following an appropriate investigation.

Children benefit from clear routines and boundaries. Staff promote positive behaviour through an incentive-based points system. This approach is largely effective because children find this easy to understand and motivational. Children confirm that when incidents of bullying occur, the staff respond swiftly to address these. Nevertheless, staff do not consistently use the correct documentation to record these events. This prevents effective monitoring of these incidents to identify trends and patterns.

Staff do not support children to develop their hobbies and interests. Evening and weekend activities are poorly planned and uninspiring. Children commented that 'there is often little to do'. This is in contrast to the varied and stimulating enrichment activities that teaching staff arrange and deliver during after-education clubs.

Some children say that food choices are repetitive. Menus show a lack of healthy food options. When healthier options are available these are often limited to basic salads with little scope for children to try new foods or meals.

Children benefit from quick access to mental health and physical health specialists. The healthcare team is now at full capacity. With the support of the health service trust, these team members are able to undertake additional training to increase their skills in areas that are relevant to the children's healthcare. For example, blood tests can now take place on-site, and one nurse is studying to qualify as a nurse prescriber. These services reduce the need for off-site visits to healthcare providers.

All of the staff now work together in partnership. Health staff deliver regular workshop training sessions on topics such as the role of occupational therapists and autism awareness. The allocated psychologist leads clinical supervision groups to support staff and enhance their knowledge and understanding of children's individual needs. This improved practice better meets children's complex needs.

Healthcare staff liaise with social workers, carers and family members as appropriate. These staff provide written updates on children's physical and emotional health needs. When necessary, the health staff engage in transition planning as children prepare to leave the home. This ensures that children have suitable placements and access to good quality health services when they leave the home. When this is not the case, senior managers are better able to challenge placing authorities to take responsibility for meeting children's health needs.

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

The monitoring of incidents by managers lacks rigour and evaluation. Staff do not always complete behaviour management records, including records relating to physical interventions and single separation, to an acceptable standard. Managers have failed to note that these documents do not always specify the actions taken by staff or include all of the necessary information. To date, these weaknesses have not had an impact on the safety and welfare of children, but have the potential to do so if not rectified.

Staff only use physical restraint to manage and mitigate high-risk behaviours. The number of restraints is low and the duration of these is for a minimum amount of time. Allocated managers review written records and closed-circuit television (CCTV) recordings to ensure that staff actions are necessary and proportionate. The findings from the managers' review are not sufficiently evaluative, and do not identify inaccuracies in written records.

Senior managers retain an overview of all personal and environmental searches, and their permission is required prior to staff undertaking these searches. This authorisation is only granted when intelligence indicates that a search is required to ensure children's safety and welfare. Consequently, children are not subject to unnecessary intrusion into their personal and private space. However, records pertaining to these searches are not well maintained. Staff do not detail the type and the location of the search or if the children have been informed. As a result, managers do not have accurate information to identify patterns and trends in behaviours.

Staff do not consistently apply agreed approaches to managing children's complex and often challenging behaviours. Different staff teams deal with the same children's behaviour in different ways. Behaviour plans and managing-away plans are often generic. Managers and staff do not ensure that these plans detail why children are managed away or separated from their peers. These documents do not explain how staff help the child concerned to reintegrate with other children.

Sanctions used to address unacceptable behaviours are not always restorative. Staff do not use a conflict-resolution approach to help children to understand the impact of their behaviours on others.

There have been no incidents of children going missing from the home since the last inspection. Protocols are in place should this happen.

Arrangements for managing child protection are mostly effective. Staff understand their role and responsibility for keeping children safe. The reporting and recording of allegations is good, although one allegation was not formally referred to the designated officer as required. The designated safeguarding manager maintains good child-protection records. These records show the actions taken to protect children and the outcome of an investigation. The records provide the registered manager with oversight of all safeguarding concerns.

Managers do not consistently apply safer recruitment practices. For example, for one

member of staff, managers did not question gaps in employment history. For a second member of staff, managers failed to obtain references from previous employers. Failure to obtain full information means that recruiting managers cannot be certain of the suitability of potential staff to work with children. Managers took action during the inspection to start to address this shortfall.

The effectiveness of leaders and managers: inadequate

The registered manager and senior management team work to create a nurturing ethos at the home. This approach takes account of children's extremely complex needs. However, managers do not appropriately assess, monitor or evaluate the service. Monitoring information does not accurately reflect the day-to-day operation of the home. This is detrimental to both children's progress and the development of the service.

Internal monitoring by managers is weak; there is a lack of oversight by the registered manager. For example, when staff use physical restraint, single separation or managing-away plans to address children's extreme behaviours, records of these events are mostly incomplete. Managers responsible for the audit of these records continue to verify these as acceptable despite the absence of essential information, such as the names of children and staff. This continuing shortfall means that managers are unable to identify patterns or trends that may indicate that children do not receive appropriate care or support.

The quality of care review lacks clear actions to secure ongoing improvements. This review does not include effective consultation with children, their parents or external agencies. Managers do not seek children's feedback about whether staff meet their care, education or health needs.

Staff do not receive practice-related supervision. Although the frequency of supervision sessions has improved since the last inspection, the content of these sessions is mostly inadequate. Managers do not ensure that staff have the opportunity to reflect on their practice or to assess their learning and development needs. Furthermore, not all staff receive an annual appraisal of their performance.

Training programmes reflect children's needs, and all eligible care staff hold a relevant qualification or are currently undertaking the appropriate course. However, managers do not make sure that staff have adequate opportunities to refresh or further their knowledge and skills. For example, during their induction staff undertake basic sessions relating to working with children who self-harm, but they do not have the opportunity to repeat this training during their employment. In addition, managers with specific operational responsibilities, such as safeguarding, do not undertake suitable training courses for their role.

Outcomes in education and related learning activities: good

Children make good progress in education. Comprehensive initial and ongoing assessments ensure that children receive the right level of work pitched at the right

pace. Most children gain accreditation in English and mathematics; some now achieve accreditation in information and communication technologies (ICT). Children who have complex learning needs receive bespoke and highly personalised education support.

The quality of teaching, learning and assessment is good. Education leaders and managers match teaching delivery to children's individual abilities and needs. Teaching staff plan lessons effectively to take account of children's learning styles and start points, providing sufficient interest and challenge to keep them on track. Skilled and experienced teaching assistants provide good additional support to children, both in and out of education.

Teaching staff ensure that they regularly mark children's work and that this work is well-organised. Comments are positive and evaluative. The curriculum is a good balance of academic and practical subjects. Programmes running across the curriculum include radicalisation and healthy lifestyles. Opportunities for children to gain careers guidance are well established.

Education resources are generally appropriate to enhance teaching and meet children's needs. However, internet connectivity issues and computer equipment failures often disrupt children's learning. This inconsistency limits children's ability to develop their skills and competence in ICT.

Teaching staff manage behaviour well, and relationships between children and staff are good. Children enjoy education, talk confidently about their work and are keen to do well. Attendance and punctuality is good overall and unauthorised absences continue to reduce. Education leaders and managers monitor these aspects closely to ensure that action can be swift if any concerns arise.

Education leaders and managers understand the strengths of the service and identify areas for further development. The headteacher uses this information to accurately track children's progress. She uses lesson observations to review teaching practice, although more effective feedback is necessary to ensure continuous improvement.

Partnership working between education staff, health staff and care staff is effective. This means that education staff are now more knowledgeable about the complex health issues that have an impact on children's ability to learn.

External scrutiny by school improvement specialists is lacking, and there is no advisory committee in place. There is insufficient external challenge and scrutiny to support school leaders and managers to develop and sustain good progress.

Information about this inspection

For inspections of secure children's homes, Ofsted is assisted by an inspector from the Care Quality Commission (CQC) in Ofsted's evaluation of health services provided for children (authorised by HMCI under section 31 of the Care Standards Act 2000).

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: SC033362

Provision sub-type: Secure unit

Registered provider: Peterborough City Council

Registered provider address: Chief Executive, Town Hall, Bridge Street,
Peterborough PE1 1PJ

Responsible individual: Wendi Ogle-Welbourn

Registered manager: Jeannette Winson

Inspectors

Jo Stephenson, lead social care inspector

Natalie Burton, social care inspector

Sharron Escott, social care inspector

Stella Butler, further education and skills inspector

Tracey Zimmerman, further education and skills inspector (shadow)

Catriona Reeves, health & justice inspector, Care Quality Commission (CQC)

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