

# 1237027

Registered provider: Jamores Limited

Full inspection Inspected under the social care common inspection framework

## Information about this children's home

This is a privately owned home for three children who have emotional and/or behavioural needs, and/or a mental disorder, and/or a learning disability. The provider has four children's homes registered with Ofsted

#### Inspection dates: 30 to 31 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	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: 2 October 2017

**Overall judgement at last inspection:** Requires improvement to be good

#### Enforcement action since last inspection: none



## **Recent inspection history**

Inspection date	Inspection type	Inspection judgement
02/10/2017	Full	Requires improvement to be good
20/06/2017	Full	Inadequate
15/11/2016	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
Fitness of manager	01/09/2018
(1) A person may only manage a children's home if—	
(b) having regard to the size of the home, its statement of purpose, and the number and needs (including any needs arising from disability) of the children—	
(i) the person has the appropriate experience, qualification and skills to manage the home effectively and lead the care of children. (Regulation 28(1)(b)(i))	
37: Other records	01/09/2018
Schedule 4 sets out the other information that the registered person must keep in relation to a children's home.	
(2) The registered person must—	
(a) maintain in the home the records in Schedule 4;	
(b) ensure that the records are kept up to date. (Regulation $37(1)(2)(a)(b)$ )	
In particular, this relates to staff rotas.	
Fitness of workers	01/09/2018
(1) The registered person must recruit staff using recruitment procedures that are designed to ensure children's safety.	
(d) The registered person shouldobtain full and satisfactory information is available in relation to the individual in respect of each of the matters in Schedule 2. (Regulation 32(3)(d))	
Fitness of workers	01/09/2018
(4) For the purposes of paragraph (3)(b), an individual who works in the home in a care role has the appropriate qualification if, by the relevant date, the individual has attained—	
(a) the Level 3 Diploma for Residential Childcare (England) ("the Level 3 Diploma"); or	



(b) a qualification which the registered person considers to be equivalent to the Level 3 Diploma	
(5) The relevant date is—	
(a) in the case of an individual who starts working in a care role in a home after 1st April 2014, the date which falls 2 years after the date on which the individual started working in a care role in a home; or	
(b) in the case of an individual who was working in a care role in a home on 1st April 2014, 1st April 2016. (Regulation 32(4)(a)(b)(5))	
13 The leadership and management standard	01/09/2018
The leadership and management standard is that the registered person must:	
use monitoring and review systems to make continuous improvements in the quality of care provided in the home. This relates to the monitoring of the adequacy of key records.	
In particular, the register of the home's admissions and discharges, missing person's records and positive handling guidelines.	
Employment of staff	01/09/2018
(4) The registered person must ensure that all employees—	
(a) undertake appropriate continuing professional development; and	
(b) receive practice-related supervision by a person with appropriate experience. (Regulation 33(4)(a)(b))	
Complaints and representations	01/09/2018
The registered person must ensure that a record is made of any complaint, the action taken in response, and the outcome of any investigation. (Regulation 39(3))	
Statement of purpose	01/09/2018
The registered person must—	
(a) keep the statement of purpose under review and, where appropriate, revise it; and	
(b) notify HMCI of any revisions and send HMCI a copy of the revised statement within 28 days of the revision. (Regulation 16(3)(a)(b))	
6. The quality and purpose of care standard	01/09/2018
The quality and purpose of care standard is that the registered provider must ensure—	



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that staff—	
provide to children living in the home the physical necessities they need in order to live there comfortably. (Regulation 6(2)(b)(vii))	
In particular, that the provider repaint the stair banisters, clean the stained reception area carpets, and ensure that all bedrooms have appropriate furnishings.	
Privacy and access	01/09/2018
The registered person must ensure that—	
(a) the privacy of children is appropriately protected (Regulation 21(a))	
In particular, that net curtains are erected in bedrooms and that the home's front doors are used in such a way that prevents viewing inside the home from the street.	

## **Inspection judgements**

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

The extent to which children have positive experiences and make progress is variable. Some children enjoy living at the home and engage well with its services. Other children, however, refuse to participate in any services offered and, as a result, their experiences, progress and outcomes are poor.

Children's learning and health outcomes are also variable. While some children participate well with the educational provision in place for them, others refuse to engage. Children have good access to primary and specialist healthcare services, including sessions with the organisation's therapists and sexual health clinics. Most children are registered with key services and attend well to their healthcare needs. Some children, however, refuse to keep scheduled medical appointments and do not take responsibility for living healthy lifestyles.

Children have access to a range of varied recreational activities. However, some children complained that planned activities are not inspiring, and that they are bored. Consequently, some choose to socialise only with their friends outside the home or to independently play electronic console games. Staff do not appear to actively engage with children to help them develop practical living skills.

Children generally share good, trusting relationships with the staff who understand their needs well. One child said, 'The staff here are alright, I get on with all of them and I really like my key worker.' Another child said, 'Staff are good, they're safe!' Other children, however, do not share positive relationships with staff. One child in particular regularly refused to speak with staff, or hold meaningful conversations or key-work sessions with them. The placement was terminated once it became clear that the child



was not willing to accept any services that the staff were offering.

Children are aware of how to make complaints. Managers deal with complaints quickly and their communication with complainants is sympathetic and sensitive. Records of complaints, however, do not always include how the complaint was concluded. This is important to confirm that complainants receive an appropriate response.

Children are welcomed into the home appropriately and receive good information about services offered and placement expectations. The matching process is effective. Key matching records highlight children's individual needs, how the service intends to meet these needs, any risks posed and the impact on children already living at the home. The home's care planning process is also thorough in establishing short and long-term plans that meet placement objectives.

Children's identity needs are well met by the service and staff are keen to listen to their views and opinions. For example, children have good access to interpreting services where this is required, and staff work well with children's advocates such as the Refugee Council. This is to ensure that the home's services are in line with children's needs and views. Children are able, if they wish, to attend their chosen places of worship and they are offered meals that meet their cultural and religious needs. For those children who identify with gang subcultures, staff work diligently to prevent their further involvement.

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

Children are protected from harm, neglect and abuse. They say that they feel safe living in the home. Safeguarding is central to staff's work with children and they work very effectively with external safeguarding professionals. Staff's consistent and successful collaboration with key and specialist safeguarding agencies, such as Prevent, helps to keep children safe from abuse, criminal exploitation, trafficking and radicalisation.

Staff respond swiftly to children who go missing or are absent from the home. Children now go missing less frequently. Staff regularly speak with children individually and collectively about the risks that they face when they are absent from the home without permission. Staff have a good working knowledge of the home's missing person's protocols and those of relevant local authorities. However, records of children's missing from home episodes require improvement, as they do not always accurately reflect or differentiate between episodes of missing and unauthorised absences. This is important to help identify developing trends and to help support strategies that reduce such incidents.

Individualised risk assessments are comprehensive and include plans to help reduce children's risk-taking behaviour. However, risk assessments should be revised to accurately highlight new or reduced risk levels.

Staff try hard with children to help them develop skills in conflict resolution and in managing their anger. As a result, critical incidents have reduced. Staff receive training in de-escalation techniques and there are clear, personalised behaviour management plans in place for each child. The home's positive handling assessments, however, require review to ensure that recommended strategies are justified and known to be effective. Physical intervention and restraint is rarely used. Sanctions and incentives have



variable impact in encouraging children's positive behaviour. Not all sanctions are recorded appropriately.

The home's premises are safe and secure. However, the privacy of children is compromised with issues around the home's two front doors. Frequently, the outer door is left open, allowing direct viewing access into the building through the glass in the inner door. Additionally, some bedrooms do not have net curtains, which compromises children's privacy.

Staff manage child protection enquiries and referrals promptly and efficiently. This is also the case for the management of allegations made by children. Managers conduct internal safeguarding investigations robustly and comprehensively. Children benefit from clear policies and practices around internet safety and room searches.

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

Since the last inspection, the management structure of the home has changed significantly. A new manager and deputy manager have been appointed. The manager is in the process of being registered with Ofsted. Initial feedback from the staff team is positive about the impact that the new management team has had. However, the home's current registered manager, who is also the registered manager of a sister home, is yet to complete the required management award. This is despite them holding this position for a number of years.

Since the last inspection, a number of new support staff have been appointed. The home is appropriately staffed to meet the needs of the children. Most children receive 1:1 staff supervision, which increases to 2:1 when they access the community. This is due to high levels of risk. The home's staffing rota, however, is inaccurate and does not consistently reflect shifts actually worked by staff members.

Staff have access to a comprehensive training programme that is wide ranging in subject matters that are key to their roles. These include training focused on criminal exploitation, extremism, self-harm and managing allegations. Despite this, however, new staff in post for a number of months do not regularly participate in staff training. Some do not have a good understanding of deprivation of liberty issues. In addition, not all staff have enrolled on or achieved the required NVQ training at level 3.

Recruitment practices are not consistently robust. Personnel files do not always confirm the qualifications held by staff and not all written references are verified. This does not confirm that staff are suitable to work with vulnerable children. Staff personnel files also do not confirm that all new care staff have undergone an induction or that regular supervision is taking place. However, staff say that they feel very well supported and appropriately supervised to care for children.

Managers are improving the home's monitoring systems in an effort to streamline staff tasks and activities. Greater attention is required in monitoring staff's recording. Deficiencies are noted in some key documents such as the complaints log, the admission and discharge register, records of children's missing episodes and the home's statement of purpose.



The home's physical environment requires improvement. Some areas of the building need attention in order for the home to appear more homely. For example, the reception hall carpet requires cleaning, the stair banisters require repainting and some bedroom furniture appears worn.

The management team has high aspirations and ambitions for children and these percolate through the staff team. There are clear plans in place to expand and improve services offered to children. Managers and staff genuinely care for children and they are concerned when placements come to an unplanned, abrupt end.

The shortfalls highlighted in the home's leadership and management are not widespread and do no impact negatively on the protection of children, which is effective.

### 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: 1237027

Provision sub-type: Children's home

Registered provider: Jamores Limited

**Registered provider address:** 2 Thames Innovation Centre, Studio 52, Veridion Way, Erith DA18 4AL

Responsible individual: James Adebayo

Registered manager: Ebunoluwa Ajakaye

### Inspector

Sandra Jacobs-Walls, social care inspector



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