

Hassockfield Secure Training Centre

Inspection report for Secure Training Centre

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Lead inspector	Linda Christie
Additional inspector	Ian Dickson
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About this inspection

Accordance with Statutory Rules for STC inspections made under Section 47 of the Criminal Justice and Public Order Act 1994, and in line with section 37(1) of the Crime and Disorder Act 1998 which states that: It shall be the principal aim of the youth justice system to prevent offending by children and young persons.

The purpose of inspection is to provide assurance to the Secretary of State that STCs provide an environment that promotes the safety and welfare of young people and that will help prevent children and young people offending in the future, and in particular that:

- The safeguarding of children and young people is effective
- Programmes exist to tackle offending behaviour and meet the citizenship and resettlement needs of children and young people
- The performance of the STC provider meets the quality of service expected in the inspections standards
- There is a purposeful regime in which children and young people are encouraged to take part
- There is effective security and control within the STC
- High standards of social care, health care, education and training are provided for children and young people
- The individual needs of children and young people are fully assessed and there are plans for meeting them as far as possible.

The key inspection judgements and what they mean

Outstanding: this aspect of the provision is of exceptionally high quality

Good: this aspect of the provision is strong

Satisfactory: this aspect of the provision is sound

Inadequate: this aspect of the provision is not good enough

Not judged: this aspect of the provision was not judged

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Service Information

Brief description of the service

1. Hassockfield Secure Training Centre (STC) is managed by Serco, which is a private company, responsible for other services, including adult prisons. Hassockfield STC contracts with the Youth Justice Board to provide accommodation for children and young people serving sentences or remanded to a secure setting.

Hassockfield STC is situated near Consett in County Durham. It is a purpose built secure establishment.

The STC currently offers provision for up to 58 young people of both genders aged from 12 to 17 years. They also have purpose built provision for up to three young mothers and their babies.

Summary

The overall quality rating is good.

This is an overview of what the inspector found during the inspection.

2. This is an unannounced inspection to review the centre's progress in addressing the recommendations from the full inspection in June 2007. Two inspectors from the secure estates team conducted the inspection over two days.
3. There are positive relationships between staff and young people. Staff continue to develop skills in managing young people's behaviour and maintaining good order. Staff are now using Therapeutic Crisis Intervention (TCI) techniques with young people without thinking about them consciously. They use their relationships with young people to help them modify and control their behaviour and use humour as appropriate to defuse potentially volatile situations.
4. The processes in place to deal with child protection matters and complaints are robust and impressive. The director and his staff are not complacent about this practice and strive to improve systems and practices to ensure young people are safeguarded.
5. The importance of understanding and evaluating the information gathered at the centre is a priority for senior managers. The recent appointment of an 'information officer' is a further development in this respect.
6. One of the main priorities for senior managers has been to increase staffing levels, but this has been linked to the contract agreements with the Youth

Justice Board (YJB). They believe they have found a solution, which will result in an increase of places available. They are currently exploring this possibility with the YJB.

7. There is a continuing commitment to staff training, ensuring that they have the skills and resources to work with some challenging and complex young people. Senior managers continue to invest in staff training, to ensure they have opportunities to obtain professional qualifications. They also strive to ensure staff have the 'tools for the job'. The training programme for the coming year reflects a continuing investment and introduction to different techniques for understanding and dealing with young people's behaviour.
8. The centre is skilled at developing networks with a wide range of organisations and groups that can support them in their work with young people. For example, the centre has developed close links with Durham University. Students from the university provide a mentoring service for young people at the centre. The centre provides placements exclusively to students on the social work degree course at Durham.
9. Links with local Youth Offending Teams (YOT) are also impressive and in recent months a number of staff from the teams in the region have commenced employment at the centre.
10. Developments at the centre are ongoing, but there is a lot that managers and staff can be proud of, given the last turbulent few months, and the level of scrutiny they have been under from other professional organisations and the press.

What has been improved since the last inspection

11. The centre continues to make progress in a number of areas. The director and his senior management team are clear about the priorities, all of which are included in the centre's 'improvement plan'. A number of recommendations from the last inspection have been addressed, although some only very recently.
12. The implementation of TCI as a method of behaviour management is now well established but continues to develop and have a positive impact on practice. This has brought about a cultural change at the centre, with staff helping young people understand the importance of self control and supporting them in achieving this. The majority of staff have embraced the changes and are positive about working in a 'child centred' environment; however, some staff have left as a result.
13. The final stage of the TCI procedure has just commenced. This involves a formal debriefing of young people after incidents and this is referred to as a 'life space interview'. All care staff are being trained in the techniques during the next 12 week period, as part of the in-house training programme. This process has only just been introduced and the impact on the young people has yet to be assessed.
14. The recent introduction of a pocket size book to record times when TCI techniques have been used to de-escalate young people's behaviour is a positive development. Managers have just started to monitor the number of occasions when staff feel the TCI methods have been successful in defusing a situation and therefore preventing a period of 'time-out' or physical restraint.
15. There has been a reduction in the use of single separation of young people known at the centre as 'time-away' or 'time-out'. These have decreased by half since August 2007, when use of time out was at its highest. The number of restrictive physical interventions has fallen from a significant high in August.
16. Incidents of bullying are being carefully monitored, as are the number of fights between young people. Managers are aware of the potential for racial incidents and strategies are in place for dealing with this.
17. The softening of the living units continues, with some good quality more domestic style furniture being introduced. Several items have been trialled and these items are now on order for all the living units.
18. An independent review is being undertaken of the healthcare department and this has already been useful for managers to identify improvements in health services. This comes at a time when the management of healthcare has changed, and will therefore inevitably inform the service level agreement that has yet to be agreed between the centre and Serco Health.

The effectiveness of the service

Helping children to be healthy

The provision is satisfactory.

19. There have been changes in the management of healthcare services at the centre. Since November 2007 the healthcare resources for all Serco establishments have been managed by 'Serco Health' a new department within the organisation. The assistant director for healthcare is now managed by the head of Serco Health.
20. The STC has, as previously recommended, commissioned a consultant to review the work of the healthcare department. The consultant is a highly qualified and experienced professional who has held senior management posts within the NHS. The review is almost concluded and senior managers have already been provided with initial summary highlights of the findings. The aim is for the consultant to produce a report that will be shared with the Youth Justice Board and other relevant stakeholders. Initial findings show that the health care service at Hassockfield is 'safe', there is good practice and excellent recording by healthcare staff. Areas of development are being addressed.
21. The healthcare manager has taken some steps to review the practice for the arrangements of administering 'controlled drugs' at the centre as recommended in the last report. Shortly after the last inspection in June a visit was made by two staff from Durham Constabulary Pharmacy who regularly review arrangements in the area for the transporting and administration of controlled drugs. They generally accepted the arrangements in place, but made two recommendations for the further improvement of the policy guidance and practice. Controlled drugs are now transported from the local pharmacy in a locked case. Guidance to reflect this change in procedure has not yet been revised. The healthcare manager is also aware of changes in legislation that are due to come in to effect in April 2008 and intends to reflect these in the revised guidance.
22. The other outstanding matter from the last inspection is the issue of the administration of controlled drugs during morning periods, which is usually done on the living units. The removal of a controlled drug from stock and its administration are two separate processes. If the young person refuses their medication this can cause some difficulty in the accuracy of the controlled drugs medication held in the healthcare department. They are aware of the issue, which is under review.
23. Practices in relation to homely remedies have been clarified. The centre does not provide young people with 'homely remedies'. The GP prescribes soluble

paracetamol for young people and is available should they require such medication.

24. Any staff at the centre taking any form of medication, including over the counter medicines, are expected to take them directly to the healthcare department where they are stored in a separate cupboard for that purpose only. Staff then have to take their medication in the healthcare department and this is supervised by nursing staff. The guidance is clear that no homely remedies are administered to young people and this is confirmed by the external consultant.
25. The healthcare manager has not yet revised the medical policies and procedural manual. The independent consultant has reviewed the two manuals that are available and there are discrepancies. He is concerned that although there have been some changes to the documents in recent years it is not possible to ascertain which are the most up to date versions. These were the findings during the last inspection.
26. Young people's health or care plans have not yet been revised to include a focus on healthy eating and exercise programmes linked to advice about and support with healthy lifestyles. The YJB target and sentence plan forms do not easily lend themselves to including this level of detail. The centre does not have a general 'care' plan that records relevant issues and steps taken to address them. As a result, relevant issues are not always recorded.
27. There has clearly been some very useful work with individual young people to help them tackle weight problems. The education plan for each young person includes a focus on physical exercise. However, the process is disjointed and the pockets of good practice are not reflected in the overall plan for each young person.
28. A review has been undertaken of the items available to young people from the tuck shop. The range of items has increased and some particularly unhealthy treats removed. The process of slowly changing items in the shop has been a sensible approach. So far young people have not unduly complained about the treats available to them. The healthcare manager is currently reviewing new government proposals for new legislation to tackle childhood obesity to see what benefits may be included for young people at the centre.
29. Several new water fountains that provide chilled water have recently been purchased to provide a healthier alternative to the young people than fizzy or squash type drinks. These have not yet been installed.
30. The independent consultant was concerned about the standard of cleanliness and hygiene, particularly in what are referred to as the 'in-patient' rooms. The standard of hygiene is not as would be expected in a hospital setting. He has recommended action be taken to address this.

31. The 'time-out' rooms that are situated in the healthcare department have clearly not had any recent attention to improve them. The rooms have graffiti on the walls and ceiling and the floors are in particularly poor condition. The state of these rooms could increase the anxiety of already distraught young people.

Protecting children from harm or neglect and helping them stay safe

The provision is satisfactory.

32. There are effective monitoring systems in place to track child protection referrals. The deputy director ensures that they are tracked monthly. This is done via the Critical Incident Review Panel (CIRP) meetings. A representative of the local safeguarding children board now attends. Discussion of referrals made to the local safeguarding team is a standing item at CIRP meetings.
33. Managers at the centre are concerned that the local safeguarding team social worker who has worked closely with the centre's managers and staff and who previously routinely attended CIRP meetings, no longer attends. Her line manager now attends. This loss of contact through the CIRP meetings is considered to potentially reduce the quality of contact and liaison with the local safeguarding team. This has been compounded by the police liaison officer with responsibility for child protection, also withdrawing from the CIRP meetings. Representation from external stakeholders no longer reflects the clear and positive professional links between the centre and the staff who investigate concerns raised about or by young people placed at the centre.
34. The head of education identified a target to reduce the number of incidents and occasions when young people are removed from the classrooms for unacceptable behaviour. A 50% reduction in the use of restraint and a 50% reduction in the number of removals from the classroom have been consistently achieved since November 2007.
35. A new project has been introduced in the school called 'Challenge 08'. This includes eight initiatives planned over the next six months to raise expectations and standards. This includes the behaviour management of young people and their involvement in education.
36. The head of education monitors classroom behaviour and confirms that this has improved significantly. Care staff are now directly involved in the classroom and support staff to help children learn. Those young people who were spoken to say that they quite like school, although some are not sure how much they are learning.
37. The centre has still not defined elective separation. Staff at the centre currently only recognise two types of single separation, or 'time away' as the centre calls it. They identify 'enforced separation' and 'elective separation'. Enforced separation is any separation which is not voluntary, and includes directive separation. Managers have offered extra 'refresher' training to staff in the management of 'time away'. Most staff have received the refresher training, with a few left to complete it.

38. The deputy director takes responsibility for the improvement of recording and monitoring of elective separation. A new time out form is in place and monthly collation and analysis of elective separation data is planned. This monitoring and recording of elective separation is included in the 'behaviour management policy'. However, the data is yet to be analysed.
39. Managers are prioritising the reduction of enforced single separation. However, they have not yet established the level of 'elective separation' when young people remove themselves for significant periods of time from the group, or the reasons for this.
40. Security and safety procedures have been reviewed to ensure that they are robust enough to ensure safety of both personnel and premises. This was with particular reference to the prevention and detection of contraband. The review has introduced new search procedures which were implemented in November 2007.
41. A new shift pattern for care staff across the centre was introduced in early January 2008. This is designed to release extra staff each evening to engage with young people. The extra staffing will allow for closer supervision of visits during evening periods, which is when some of the contraband is brought in to the centre.
42. However, the staff team present is unsettled, largely as a response to the extra demands imposed by the new work schedule. This new shift pattern is very new, and a number of staff are uncertain about it, and whether it will achieve its aims. At the time of this visit, staff were moving between units to offer cover, and there were still periods where individual staff were working alone with a group of young people. Other staff take the view that the team should allow the new work schedule to operate work for a while, and then improve it as necessary.
43. Although the new procedures and the revised staffing schedule are clear initiatives intended to address the issue of contraband, it is too early to evaluate the success of these.
44. New procedures have been devised to enable young people to have the opportunity to make written comments as part of the debriefing process following restraint. A new form has been devised for staff to complete with a young person after an incident. Staff are receiving training in the use of the 'life space interview' pro forma. There is progress in addressing this recommendation from the previous inspection, it remains too early to evaluate its impact.
45. There is an explicit anti bullying policy in place at the centre which is known and used by staff. Bullying logs used to identify, monitor and address bullying by young people are used and included on young people's files.

46. A review of the centre's training policy in relation to bullying is being carried out and clear targets to reduce bullying have been identified. Managers are in discussion with the YJB about staffing levels and the use of some resources in the living units to assist with the implementation of these. Progress in relation to all these matters will have a positive impact on young people to reduce bullying. Staff skills and practice is also under review and the objective is for the review to be finalised with clear targets by June 2008. Recommendations from the review are to be implemented to reduce incidents of bullying and intimidation.
47. There has been a slight fall in the number of recorded incidents of bullying in 2007, as compared to 2006, although this continues to be an issue at the time of this inspection.
48. Racial incidents and issues involving black and ethnic minority young people are monitored by the centre's diversity officer, who reports back to the senior management team. The centre has a clear policy and procedures that racial discrimination and intolerance will not be tolerated. However, one young man of Asian origin said that he is not bullied because he can look after himself, but he is protecting a smaller Asian youth who is bullied. There is some evidence of racial taunts towards young people from an ethnic minority. Staff confront this behaviour vigorously, however it is more difficult for them to do so if they are working alone in a unit, even for relatively short periods. At the time of one taunting incident a member of staff was on the unit on his own.
49. Staff step in quickly if they consider any young person is receiving inappropriate attention, and will challenge and stop racial taunts towards any young person. The staff say that there have been recent episodes of bullying, including some racially motivated bullying, but it is under control.
50. Incidents of young people fighting are high. Fighting amongst young people accounts for the highest number of uses of restraint for the five months prior to the inspection. Information shows that physical control in care (PCC) used to prevent fighting has not fallen below 30 occasions each month between June and November 2007. Managers are aware this is an issue that requires close monitoring.
51. Reported incidents of young people fighting are evaluated by the critical incident review panel to determine any trends or lessons to be learned each month. The information is used in planning for future management of fighting. The staff team have clear guidance and support to enable them to prevent fights occurring.
52. Staff induction, staff training and the ongoing development of 'therapeutic crisis intervention' (TCI) are part of a concerted initiative to challenge young people fighting and bullying and to enable young people to confront their own behaviour.

Helping children achieve well and enjoy what they do

Education

The provision is satisfactory.

53. The education centre was not inspected during this unannounced inspection. As HMI education inspectors did not form part of the team, the overall judgement will remain unchanged from the last inspection.
54. However, the lead inspector met with the head of education who provided some details and evidence on progress in relation to the previous recommendations for the education department.
55. The use of ICT equipment has increased slightly, with some particular lessons having a greater focus on the use of computers and the electronic 'white-boards'. Additional computer equipment has been ordered. The key departments within the education centre due to receive additional equipment include art, English, mathematics and drama.
56. The education centre has implemented strategies to respond more effectively to the individual and additional learning needs of young people. The services of the two educational psychologists have had a positive impact on the assessment of young people's needs and in ensuring the appropriate education plans are developed. A department of 'guidance services' has been established. This department encompasses all services for young people with individual and additional learning needs. The educational psychologists are situated in this department, the 'more able and talented' co-ordinator, a Connexions advisor and the SENCO. The head teacher described a further refinement and development of the referral and monitoring process to the guidance services and a tightening up of review of the target setting and outcomes for young people.
57. The quality of accommodation in the original part of the education centre has not yet improved. A recent bid for funds from the YJB and Serco has been agreed and plans are in place to redecorate and replace some furnishings.
58. There have been efforts to provide training for care staff to obtain a diploma as 'learning support assistants' in classrooms. Although three bursaries have been offered, only one care officer is currently attending the part time training.
59. The Initial Training Course (ITC) for all new care staff has been revised to include basic training in numeracy and literacy, an understanding of 'emotional literacy', and the management of behaviour in an educational setting. There has been a good start in addressing the previous

recommendation. However, care staff currently working at the centre have not had an opportunity to attend this additional training.

60. The head of education has sent out questionnaires to all care staff to ascertain their skills and past experiences in an attempt to gauge their interests and skills and to which particular areas within the education centre they would like to be deployed. The aim is to establish a database of skills and interests. There has not been a significant response to the questionnaire and managers intend to follow this up with staff.

Helping children achieve well and enjoy what they do

Welfare

The provision is satisfactory.

61. The centre has recently devised a leaflet that explains the centre's equal opportunities policy. This is in a user friendly format with illustrations that explain to young people what they might expect. The leaflet is also available for visitors and is sent out to parents or carers as part of the admission information pack.
62. During the last inspection inspectors were concerned about the length of time it took to admit young people to the centre. It took over two hours to admit one young person, with nursing staff in particular completing a significant amount of information. One of the reasons for the length of time the admission process takes is the role of the healthcare team in a pilot for the YJB. This detailed medical and health assessment has been in the pilot stage for some considerable time. The amount of time taken by the nursing staff to complete these forms, some of which repeat questions delays young people, many of whom have travelled for several hours, from settling in to their living unit and mixing with other young people. This recommendation has not yet been met.
63. The activities programme has continued to develop with some interesting 'clubs' being available to the young people. Young people are pleased with the developments and are clear about the clubs they enjoy the most. Some, such as cookery, are over subscribed, and young people may not always be offered their first choice. The youth club and 'Street Art' project is also popular, as is the opportunity for physical education. It is positive to note that young people's attendance at activities is not dependent upon their 'incentive level' and young people are able to mix, including attending mixed gender groups.
64. However, an audit of staff skills is not yet complete. The aim is to ensure that all staff participate to some extent in the evening and weekend activity programmes, to ensure young people have an even wider range of leisure and enrichment sessions to participate in. For example, the centre has just appointed two care staff, who were formerly professional footballers. It is hoped that they will share their skills and knowledge with young people.
65. A record is kept of young people who attend the clubs, but a note is not kept of those young people who continually opt out of activities. Whilst it is appropriate for young people to remain on the house units and play games or participate in craft activities, staff do not always note in the relevant records those young people who continually withdraw. This can result in managers being unaware of involvement in leisure and activity programmes and the

level of progress young people may have made. Young people's targets in relation to leisure and enrichment activities are not yet included in their plans.

66. Managers and staff have made efforts to ensure that young people have greater access to games and magazines. However, the availability of books in the living unit has not yet been addressed. The provision of library loans to young people has ceased making it difficult for them to access a suitable range of books.

Helping children make a positive contribution

The provision is good.

67. There are effective systems in place to ensure good sharing of information with parents or carers of young people placed at the centre.

68. A 'director's rule', which stipulates that a process for sharing monthly reports with parents and carers was implemented fully in December 2007. Managers regularly monitor practice in this respect by sampling files at least once each month.

69. Staff complete a record on case files to indicate that other information has also been shared with parents. This includes sending them a copy of the 'individual crisis management' or 'behaviour support' plans for their child. The record includes the date the information is passed to the case manager and the parent or carer, and their response. The date of the next review meeting is included with a reminder to communicate this to the parent or carer. There is weekly contact with parents and carers to update them on young people's progress. This process properly ensures that parents are kept fully informed and involved in planning for their child.

70. A monthly file audit check list is used to monitor files, which includes family contact. Records of contact seen on files are very brief and lack sufficient information to advise fully which information was shared and any appropriate responses.

Helping children achieve economic wellbeing

The provision is good.

71. Efforts have been made recently to review the range of vocational and life skills training that are available for young people. A group of senior managers have met to review the range of resources available and consider how best to improve such training. They acknowledge the importance of helping young people develop 'self-care' skills and to acquire sufficient understanding of a range of practical skills for when they eventually live independently.
72. The opportunities for vocational training in the education provision have increased since the opening of the new house block. Vocational activities out of school are being introduced, but progress to date has been limited. Evening catering clubs have been introduced for young people to prepare them more clearly for independent living. This is a popular activity, but is often oversubscribed. This is ongoing work that has commenced but has not yet made an appropriate impact on meeting the needs of young people who are preparing for moving on from the centre.
73. The exit interview process for residential care and education is under review. There are currently three different exit interview processes taking place at the centre. The resettlement team have their own exit interview format, which essentially looks at offending behaviour and the programmes available.
74. A Likert-scaled exit questionnaire from the residential staff asks a series of general questions, some of which cover those areas covered by the resettlement team questionnaire. The education department have their own exit questionnaire. None of the questionnaires currently feed back into the management quality assurance system to contribute to the overview of services. This clearly requires an early review by senior managers.
75. The admission room, which is situated in the healthcare department, has been redesigned. This has been made into an open sitting area, rather than a locked room. This is a comfortable and welcoming area for young people to wait and talk to staff in during their admission period. Further work is scheduled to be done in this area, including installing a television which it is intended will play short health promotion programmes for young people to watch whilst waiting to be admitted.
76. The current locking system on two toilet doors in the healthcare centre used by young people does not allow the door to be locked from inside. This does not adequately ensure young people's privacy and dignity is preserved. The locks on these doors had previously been considered unsafe, as young people could lock themselves in the toilet and staff would not easily be able to gain access. However, the centre has not revised this situation following developments in safe locking elsewhere across the secure estate.

77. There are two bedrooms within the healthcare department that are used as 'time-out' rooms for young people who are being disruptive whilst in the education centre. These rooms are dismal in appearance and most unwelcoming. The walls and floors have been damaged by young people, who when left in these rooms have taken their frustration out on the fabric. Managers are pleased to report that in recent months these rooms have been used less, as young people's behaviour has improved, in response to the improvement in staff skills after training. They confirm that the aim is to de-escalate young people's anger and aggression quickly, resolve any difficulties and return them to the classroom. However, if a young person is likely to be considered a danger to themselves or others they will be placed in one of these two rooms.
78. The number of medical professionals visiting the centre has increased since the centre opened, but the facilities have not increased or improved. Health care professionals providing a service at the centre are concerned about the disruption to their work when young people are placed in the time-out rooms, as they usually make a considerable amount of noise. This is a particular concern for the dentist whilst carrying out medical procedures.

Management

The provision is satisfactory.

79. There have been some changes in the senior management team recently. There is an acting assistant director in post who has reviewed the objectives for her team, which includes case managers, substance misuse staff and the psychology department. The revised targets include areas for development as identified in the last inspection report.
80. Managers produce an 'improvement plan', which includes recommendations from previous inspections or YJB audits. When actions are addressed they are removed from the improvement plan, and added to a 'completed plan' until any changes are thoroughly embedded in practice and procedure. This is an effective process to ensure the implementation of improvements and the monitoring of progress.
81. Senior managers have taken steps to release house block managers from duties relating to the daily management of the centre, to ensure they have more time to concentrate on the management of the staff and practice in the living units. The recent attempts to change roles and responsibilities have not been successful. A further strategy has been outlined to ensure the smooth running of each house block to enable them to achieve the quality of service that they aspire to. This includes providing regular supervision for care staff and holding regular team meetings. Some house block managers are still do not meeting regularly with their teams. The failure of managers to meet with their staff teams regularly potentially leads to poor sharing of information, inconsistent practice, staff feeling unsupported and ultimately a reduction in the quality of care provided for young people.
82. The recent changes in the shift patterns for care staff make it possible to have staff routinely working together in teams within each house block, rather than being deployed across the site to any living unit where they may not be known by or have a relationship with the young people. It will take some time for the changes to the shifts patterns to have an impact, particularly due to the recent bout of sickness before and after the holiday period.
83. Managers are progressing with a strategy they have to increase the number of beds available at the centre. There will be an additional place in each of the six original living units. If this proposal is accepted by the YJB, the funding of the additional places will enable an increase in the numbers of care staff working directly with young people from two staff with seven young people, to three staff with eight young people.
84. The quality assurance checking of supervision conducted with nursing staff has not yet been resolved. The healthcare department has recently become the responsibility of Serco Health and is now considered to be a sub contracted service to the centre. The director has yet to agree a service level

agreement (SLA) with Serco Health. However, it is intended that the supervision of nursing staff, the quality checking process and the procedures for the annual appraisal of these staff will be included in agreement. The recommendation has not yet been addressed.

85. The Initial Training Course (ITC) has been revised recently. This now includes additional training for new care staff that prepares them more appropriately in their role with teaching staff in the classrooms. Several aspects of the ITC are not accredited through the Open College Network. It is envisaged that ultimately the ITC in its entirety will be accredited. This is a positive development. Improved and accredited training for new staff will inevitably prepare them more thoroughly for their role as care staff working with young people.
86. Care staff are also in the process of being enrolled on the National Vocational Qualification (NVQ) level three training in 'Youth Justice'. Several staff have also completed the NVQ at level three in working with Children and Young People, but Youth Justice training is more relevant to staff working in an STC.
87. Six managers have recently commenced training in the NVQ at level five in Leadership and Management. The aim is to ensure that all managers at the centre have some form of management training. This is a positive development.
88. The young people's booklets have recently been revised and received. They are now available and are included in the induction pack for young people on admission. The booklets have been revised to include a recommendation from the review recently carried out by the YJB on behaviour management. They suggested the booklet inform young people about when and how physical restraint might be used. The booklet has been produced well, in a user friendly format and is useful for young people.

Recommendations

The following recommendations are made to the Director of the secure training centre unless otherwise stated.

- review practice in relation to the administering and recording of controlled drugs (Being Healthy - Standards 3 and 4)
- consider how best to hold policy and procedural guidance related to the healthcare service, including ensuring an up to date file, with a clear index indicating the contents (Being Healthy - Standard 3)
- ensure that care plans for young people include advice and support on healthy eating and exercise programmes (Being Healthy - Standard 1)
- review with the Local Safeguarding Children Board their attendance at the critical incident review panels (Staying Safe - Standard 15)
- clarify the definition of and recording of single separation, including elective separation (Staying Safe - Standard 6)
- ensure that young people are invited to make a written comment of their views after an incident of restrictive physical intervention, as part of the life space interview process (Staying Safe - Standard 19)
- encourage teaching staff to make greater use of ITC and the learning resource centre to support the curriculum (Enjoying and achieving - Standard 3)
- make every effort to improve the quality of the teaching accommodation in the 'academic' area (Enjoying and achieving - Standard 3)
- review the training for residential care staff working in classroom settings (Enjoying and achieving - Standard 3)
- ensure that young people have access to books on the house units (Enjoying and achieving - Standard 4)
- review the initial admission process to ensure young people are not kept too long before they are able to relax and settle in (Enjoying and achieving - Standard 2)
- ensure that individual plans and targets for young people include leisure and enrichment opportunities, particularly for those young people who regularly opt out of such activities (Enjoying and achieving - Standards 4 and 6)
- enhance the activities and enrichment programmes available to young people, by way of a staff skills analysis (Enjoying and achieving - Standards 1, 2, 4 and 6)
- include appropriate vocational activities in the enrichment programme (Economic wellbeing - Standards 1, 2, 4 and 6)
- review the level of detail recorded on case files in relation to case managers' involvement and contact with parents (Positive contribution - Standards 9, 12 and 15)
- review the current exit interview procedures (Economic wellbeing - Standards 1 and 2)
- ensure safe locks are fitted to the toilets in the healthcare department (Economic wellbeing - Standard 3)
- review the quality of the accommodation and the facilities in the healthcare department (Economic wellbeing - Standard 3)
- review the use of the 'time-out' rooms in the healthcare department and ensure that they are fit for purpose (Economic wellbeing - Standard 3)

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| <ul style="list-style-type: none">▪ ensure that quality assurance checking of supervision records is undertaken for all nursing staff (Management - Standards 11 and 16)▪ ensure that all house block managers provide opportunities for their staff to meet as a team, as set out in policy guidance. (Management - Standard 12) |
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