

SC066129

Fairport Care Services Ltd

Monitoring visit

Inspected under the social care common inspection framework

Information about this children's home

This privately owned children's home is registered to provide care and accommodation for up to five children. The statement of purpose states that the home accommodates children aged 8–18 who are deemed to require help in a residential specialist resource.

The manager was registered with Ofsted in 2008.

Inspection date: 3 July 2018

This monitoring visit

This monitoring visit was carried out following the inadequate judgement made at the full inspection on 15 and 16 May 2018, from which a restriction of accommodation notice was served. Three compliance notices, in relation to fire safety, safeguarding practices and leadership and management arrangements, were also issued. Three young people were living in the home at that time.

The purpose of this monitoring visit was to ensure that the provider had remained compliant with the restriction of accommodation notice that expires on 17 August 2018. The inspector also sought evidence to demonstrate whether the provider had met the two compliance notices that had reached their due dates.

The compliance notice in respect of fire safety had a completion date of 5 June 2018. The compliance notice in respect of the leadership and management arrangements had a completion date of 26 June 2018. The provider's progress in meeting these notices was examined to inform Ofsted's decision on whether the restriction of accommodation notice should continue. The provider's progress so far in meeting the safeguarding notice that has a completion date of 26 July 2018 was also examined.

No one was present at the home when the inspector arrived and considerable damage, including broken windows, was evident. The registered manager was

contacted and arrived soon after. The inspector established that one young person had moved on, following notice being served by this young person's placing authority. This occurred after the young person went missing and he did not return to the home. One young person was in school and another young person was being supported by staff while temporarily accommodated in a hotel. This move was preceded by the young person setting a fire within the home, followed shortly after by causing significant damage to the property, resulting in his arrest. The provider made the accommodation arrangements without sufficient risk assessment or planning, resulting in unsafe arrangements for the young person and the staff.

The inspector met with the registered manager and one director. No young people have moved into the home since the last inspection. The provider demonstrates compliance with the restriction of accommodation notice. Relevant records were examined, and a tour of the premises was conducted. The placing authority for the young person accommodated in a hotel was contacted by Ofsted and the concerns and evidence shared.

A compliance notice was served under (Regulation 25(1)(a)(b))

**After consultation with the fire and rescue authority, the registered person must—
take adequate precautions against the risk of fire, including the provision of suitable fire equipment in the children's home; and
provide adequate means of escape from the home in the event of a fire.
(Regulation 25(1)(a)(b))**

The full inspection identified serious shortfalls regarding fire safety arrangements that had gone unnoticed by staff, leaders and managers. The steps of the compliance notice required the provider to ensure the ease of exit from the premises in the event of an emergency; to arrange a visit from the local fire service and take any action recommended from this; to develop a system for fire safety checks and to commence with annual fire safety risk assessments.

At this monitoring visit, the inspector found that thumb locks fitted on the exit routes enabled exit in the case of an emergency. Torn carpets had been made safe and door frames had been refitted. Consequently, this step is met.

The registered manager had failed to contact the fire brigade to arrange for a visit to the home and was requested again to do so, during this monitoring visit. The registered manager stated that the fire prevention company, used by the home, had visited; however, no report from this visit was available. Neither had the process of annual fire safety risk assessment been started. These steps are not met.

Following receipt of this compliance notice, a young person was able to enter the staff office, gain access to lighters held in an unlocked drawer and set a fire. Staff could not access the room to extinguish the fire, resulting in the fire brigade being

called. Despite this serious incident, no updates were made to the young person's risk assessment or care plan and a request for a visit from the local fire office was still not requested.

The registered manager stated that lighters are now kept in a safe and that a system for checking fire precautions had been implemented. These records were viewed by the inspector. No checks had been recorded since 18 June 2018.

Leaders and managers have failed to demonstrate a sufficiently rigorous response to the shortfalls identified from the previous inspection. The provider's continuing failure to recognise and mitigate fire safety risks enabled a young person to start a fire, placing everyone in the home at risk of serious harm. Following this incident, the young person's risk assessment was not updated to reflect this significant change. Such practice demonstrates an alarming lack of understanding in relation to fire safety by the provider.

This compliance notice is not met.

A compliance notice was served under (Regulation 13 (1)(a)(b)(2)(a)(b)(c)(d)(e)(f)(h))

Regulation 13— (1)(a)(b) The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children's home that—

helps children aspire to fulfil their potential; and promotes their welfare.

In particular, the steps were to ensure that individualised care plans are in place that contain relevant information about the young people's backgrounds and risks, in order to provide staff with clear strategies to follow; to keep these plans under regular review; to ensure that specific work is undertaken with the young people to address concerns about their welfare and to engage specialist services where appropriate.

At this monitoring visit, the registered manager stated that the care plans had been updated. The inspector sampled the documents for the young person currently staying in a hotel with staff support. The inspector was told that this arrangement was made following the young person's arrest for criminal damage to the home and his verbal threats to continue causing damage. No risk assessment or specific care plan updates had been completed in relation to this significant change to the young person's care provision. Neither were any changes made to his risk assessment or strategies in respect of the recent incident of fire-setting. No assessment or plan was evident in respect of the sleeping arrangements, nor was there consideration of how any emergency situations would be managed. Consequently, no measures were in place to reduce the potential hazards and risks for the young person or the staff in respect of this significant change.

A referral to child and adolescent mental health services had been made on behalf of this young person. However, the rationale for this, and how it was intended to support any ongoing staff interventions with the young person, was not described in a risk assessment or care plan.

Another young person's risk-taking behaviour had also escalated, in respect of going missing. Despite a period of being missing for a number of consecutive days, no amendments were made to this young person's care plan, in preparation for her possible return. The staff were making regular attempts to maintain contact to encourage the young person to return home. However, no care plan updates were in place to demonstrate that prevention strategies had been devised, should the young person return.

These examples demonstrate the failure to make the necessary improvements in respect of risk assessment and care planning guidance. Consequently, the staff team does not have clearly described strategies to implement. The increasing risks associated with emergency arrangements had not been sufficiently considered. Therefore, possible reduction measures had not been implemented. Leaders and managers are failing to intervene sufficiently. Staff are dealing with crisis situations without the support and guidance they need.

These steps are not met.

13 (2)(a)(b)(c) In particular, the standard in paragraph (1) requires the registered person to—

lead and manage the home in a way that is consistent with the approach and ethos, and delivers the outcomes, set out in the home's statement of purpose;

ensure that staff work as a team where appropriate;

ensure that staff have the experience, qualifications and skills to meet the needs of each child.

The particular steps included a review of the statement of purpose; the provision of workshops for the staff team in relation to its delivery of the home's objectives; and to conduct a skills and training audit of all staff, including leaders and managers.

At this monitoring visit, the inspector found evidence to show that the statement of purpose had been discussed in one team meeting. However, no revision or update to the statement of purpose had occurred.

The staff training matrix had been updated to identify the staff's completion and due dates for mandatory training. This piece of work had not incorporated a skills and training audit. The registered manager said that there had not been time to complete this.

This continuing shortfall leaves potential gaps in the staff's skills unidentified. The provider is unable to create a sufficient improvement plan because the baseline to inform such a plan has not been completed.

These steps are not met.

**13 (2)(d)(e) In particular, the standard in paragraph (1) requires the registered person to—
ensure that the home has sufficient staff to provide care for each child;
ensure that the home's workforce provides continuity of care to each child;**

In particular, the steps were to ensure that the registered manager reviewed the current staff recruitment process; and formulate a plan to provide sufficient cover in the absence of a full staff team, to enable leaders and managers to fulfil their roles.

At this monitoring visit, it was established that two new staff are currently being recruited. However, no review of the recruitment process had taken place. A risk assessment includes the use of agency staff when needed but this has not been implemented.

Leaders and managers, including the registered manager and deputy, continue to cover long shifts that include overnight working. This has severely compromised their ability to undertake their managerial functions and tasks.

These steps are not met.

**13 (2)(f)(h) In particular, the standard in paragraph (1) requires the registered person to—
understand the impact that the quality of care provided in the home is having on the progress and experiences of each child and use this understanding to inform the development of the quality of care provided in the home;
use monitoring and review systems to make continuous improvements in the quality of care provided in the home.**

In particular, the steps identified the need to conduct a review of the previous monitoring systems, including the independent visitor arrangements.

At this monitoring visit, the registered manager stated that a director had undertaken a review of the previous monitoring systems but had not had the time to write this up.

A new monitoring system had been devised and this includes health and safety

checks, including fire safety. Through sampling these records, the inspector identified that no checks had been recorded after 18 June 2018. The inspector was told that the person responsible for completing these checks had been on annual leave. It is of serious concern that no contingency plans had been considered to cover a person's absence.

The inspector was told that a review of the previous six months' regulation 44 reports had been completed and that a meeting was held with the independent visitor. It was stated that the independent visitor took responsibility for missing serious incidents. However, it was not acknowledged that leaders and managers have their own responsibility to identify serious incidents through internal monitoring systems.

The plan was described by the registered manager to include a director's oversight of future regulation 44 visits, including the format to be used. The inspector was unable to validate this description because no report or records were made available.

Insufficient evidence was made available to judge the progress made against these steps. Overall, the provider has failed to demonstrate a sufficient response to all of the steps.

This compliance notice is not met.

A compliance noticed was served under (Regulation 12 (2)(a)(i)(ii)(iii)(v)(vi)(vii))

This compliance notice is due for completion on 26 July 2018.

**Regulation 12 (2)(a)(i)(ii)(iii) The protection of children standard is that children are protected from harm and enabled to keep themselves safe. In particular, the standard in paragraph (1) requires the registered person to ensure—
that staff—
assess whether each child is at risk of harm, taking into account information in the child's relevant plans, and, if necessary, make arrangements to reduce the risk of any harm to the child;
help each child to understand how to keep safe;
have the skills to identify and act upon signs that a child is at risk of harm;**

In particular, the steps required the provider to design an improved compatibility risk assessment tool for new referrals; review all current information held about the young people's risks and behaviours in order to write and implement risk assessments and behaviour management strategies for staff to implement; to monitor and review staff's understanding of these and to keep these strategies under review to evaluate their effectiveness.

At this monitoring visit, the inspector found evidence to show that the registered manager had revised and updated the home's compatibility risk assessment format. By remaining compliant with the restriction of accommodation notice, the referrals received from placing authorities that have been received have not been pursued. Consequently, the new format has not been tested.

The registered manager stated that the risk assessment format had also been reviewed. The process was described as "being live", so that updates can be made in response to the changing behaviours of the young people. Since the last inspection, a young person has continued to exhibit increasingly unsafe behaviours such as fire-setting and causing criminal damage. No updates or changes have been made to this young person's risk assessment or management strategies despite this young person becoming increasingly unsafe.

No updates were made to the care planning guidance in respect of the young person who went missing, in anticipation of her return. Consequently, the staff were not prepared to explore prevention strategies with her had she returned.

This continuing failure to recognise increasing risks and take proportionate remedial action is of serious concern.

These steps are not yet met.

12(2)(a)(v)(vi)(vii)

**understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person;
take effective action whenever there is a serious concern about a child's welfare;
and are familiar with, and act in accordance with, the home's child protection policies.**

In particular: the steps required the provider to review the arrangements for preventing and managing children's missing episodes; review staff's understanding of their safeguarding responsibilities and develop a plan to address any shortfalls identified and to use the learning from the review of previous serious near-misses to improve upon safeguarding practice.

Since the last inspection, missing episodes have continued. The registered manager has updated some of the documentation to record missing episodes. Documents sampled hold more detail than before. One young person went missing for a week and failed to return. Notice was served by this young person's placing authority. During this missing period, the provider failed to review its practice around this young person's missing behaviours. No attempt was made to review the current strategies or to consider how these might be improved.

The provider has not conducted a review of all staff's understanding of their safeguarding roles and responsibilities. Therefore, no development plan to address any identified shortfalls has been produced. Consequently, leaders and managers do not have a sufficient grasp of the staff team's individual and collective safeguarding knowledge, skills and learning needs. An internal safeguarding training session, delivered to care staff on 6 June 2018, was therefore, not informed by each staff member's individual and specific training needs.

The registered manager said that this session was used to explore the team's understanding of the current young people and their safeguarding risks. The registered manager said that staff are now more aware of the need to update risk assessments when changes occur. The examination of risk assessments and care plans, for example after the event of a further missing episode for one young person and the fire-setting and criminal damage incidents for another young person, has not resulted in updated assessments, guidance or strategies. These incidents occurred after the training session. Its intended impact on improved staff practice has not been demonstrated.

The registered manager has investigated the previous two 'near-misses' that included a young person being unsafe in a car which the staff member failed to report and a staff member leaving keys unattended. These incidents have been explored with the staff team but as yet, the findings have not been used to update risk assessments or care plans for the young people.

These steps are not yet met.

It is recognised that this compliance notice is not yet due for completion. However, the provider's response so far demonstrates a lack of understanding and rigour. The provider is unable to demonstrate that staff have been sufficiently supported or challenged to demonstrate their knowledge of their own safeguarding roles and responsibilities, including the home's child protection policies. The provider's response to increasing risks is poor. Consequently, the young people and the staff are being failed by the provider in its duty to provide adequate safeguards.

The provider has failed to demonstrate compliance with regulation 25 and regulation 13. Insufficient action has been taken to address the serious shortfalls identified at the previous inspection. Ofsted will now consider the next steps in accordance with its frameworks and guidance.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
14/05/2018	Full	Inadequate
14/11/2017	Full	Good
30/03/2017	Interim	Sustained effectiveness
07/12/2016	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 quality and purpose of care standard is that children receive care from staff who—</p> <p>understand the children's home's overall aims and the outcomes it seeks to achieve for children;</p> <p>use this understanding to deliver care that meets children's needs and supports them to fulfil their potential.</p> <p>In particular, the standard in paragraph (1) requires the registered person to—</p> <p>understand and apply the home's statement of purpose;</p> <p>ensure that staff—</p> <p>provide personalised care that meets each child's needs, as recorded in the child's relevant plans, taking account of the child's background;</p> <p>make decisions about the day-to-day arrangements for each child, in accordance with the child's relevant plans, which give the child an appropriate degree of freedom and choice.</p> <p>ensure that the premises used for the purposes of the home are designed and furnished so as to—</p> <p>meet the needs of each child; (Regulation 6 (1)(a)(b)(2)(b)(iv)(ix)(c)(i))</p>	26/07/2018
<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 staff—</p>	26/07/2018

<p>assess whether each child is at risk of harm, taking into account information in the child's relevant plans, and, if necessary, make arrangements to reduce the risk of any harm to the child;</p> <p>help each child to understand how to keep safe;</p> <p>have the skills to identify and act upon signs that a child is at risk of harm;</p> <p>understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person;</p> <p>take effective action whenever there is a serious concern about a child's welfare; and</p> <p>are familiar with, and act in accordance with, the home's child protection policies.</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)(a)(i)(ii)(iii)(v)(vi)(vii)(d))</p>	
<p>The care planning standard is that children— receive effectively planned care in or through the children's home. (Regulation 14 (1)(a))</p>	26/07/2018
<p>A responsible individual must— have the capacity, experience and skills to supervise the management of the home, or the homes, in respect of which the responsible individual is nominated. (Regulation 26 (7)(b))</p>	26/07/2018
<p>The registered person must ensure that all employees — undertake appropriate continuing professional development. (Regulation 33 (4)(a))</p> <p>Specifically, ensure that safeguarding and physical restraint training is provided in a timely manner and does not lapse.</p>	26/07/2018

<p>The registered person must maintain records (“case records”) for each child which—</p> <p>include the information and documents listed in Schedule 3 in relation to each child; are kept up to date; and are signed and dated by the author of each entry. (Regulation 36 (1)(a)(b))</p> <p>In particular, ensure that children’s records are in place, regularly updated, and each update and entry is signed and dated.</p>	<p>26/07/2018</p>
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*These requirements are subject to a compliance notice.

Recommendations

- The registered person should ensure that all incidents of control, discipline and restraint are subject to systems of regular scrutiny to ensure that their use is fair and the above principles as set out in 9.35 are respected. (‘Guide to the children’s homes regulations including the quality standards’, page 46, paragraph 9.36)
In particular, ensure that staff are consistent in applying agreed sanctions, and that the registered manager records and shares her analysis of physical interventions with relevant professionals.
- The registered person should actively seek independent scrutiny of the home and make best use of information from independent and internal monitoring (including under regulations 44 and 45) to ensure continuous improvement. They should be skilled in anticipating difficulties and reviewing incidents, such as learning from disruptions and placement breakdowns. They are responsible for proactively implementing lessons learned and sustaining good practice. (‘Guide to the children’s home regulations including the quality standards’, page 55, paragraph 10.24)

Information about this inspection

The purpose of this visit was to monitor the action taken and the progress made by the children’s home since its last Ofsted inspection.

This inspection was carried out under the Care Standards Act 2000.

Children's home details

Unique reference number: SC066129

Provision sub-type: Children's home

Registered provider: Fairport Care Services Ltd

Registered provider address: Bank Chambers, 1 Central Avenue, Sittingbourne
ME10 4AE

Responsible individual: Philip Adams

Registered manager: Vanessa Dalton

Inspector:

Sarah Olliver, social care inspector

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