

SC423453

Registered provider: Kedleston (Wood Grove Childcare) Ltd

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is one of a small number of residential and school settings operated by the organisation. The home provides care for up to four children who may, as the result of past traumatic experiences, exhibit social, emotional and mental health difficulties.

The registered manager left the home in June 2018. The acting manager has applied for registration and their application is currently being processed.

Inspection dates: 19 to 20 September 2018

Overall experiences and progress of good

children and young people, taking into

account

How well children and young people are good

helped and protected

The effectiveness of leaders and managers requires improvement to be good

The children's home provides effective services that meet the requirements for good.

Date of last inspection: 9 February 2018

Overall judgement at last inspection: sustained effectiveness

Enforcement action since last inspection: none

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Recent inspection history

Inspection date	Inspection type	Inspection judgement
09/02/2018	Interim	Sustained effectiveness
03/05/2017	Full	Good
20/02/2017	Interim	Improved effectiveness
15/11/2016	Full	Requires improvement



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
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—	18/12/2018
the Level 3 Diploma for Residential Childcare (England) ("the Level 3 Diploma"); or	
a qualification which the registered person considers to be equivalent to the Level 3 Diploma.	
The relevant date is—	
in the case of an individual who starts working in a care role in a home after 1 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	
in the case of an individual who was working in a care role in a home on 1 April 2014, 1 April 2016. (Regulation 32 (4)(a)(b)(5)(a)(b))	
The registered person must ensure that—	01/10/2018
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—	
the name of the child;	
details of the child's behaviour leading to the use of the measure;	
the date, time and location of the use of the measure;	
a description of the measure and its duration;	
details of any methods used or steps taken to avoid the need to	

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use the measure;	
the name of the person who used the measure ("the user"), and of any other person present when the measure was used;	
the effectiveness and any consequences of the use of the measure; and	
a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure;	
within 48 hours of the use of the measure, the registered person, or a person who is authorised by the registered person to do so ("the authorised person")—	
has spoken to the user about the measure; and	
has signed the record to confirm it is accurate; and	
within 5 days of the use of the measure, the registered person or the authorised person adds to the record confirmation that they have spoken to the child about the measure. (Regulation $35 (3)(a)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(b)(i)(ii)(c)(iv))$	
The registered person must maintain records ("case records") for each child which—	05/11/2018
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 $36\ (1)(a)(b)(c)$) In particular, ensure a copy is held of the most recent review of the placing authority's plan for the care of the child.	
Schedule 4 sets out the other information that the registered person must keep in relation to a children's home.	05/11/2018
The registered person must—	
maintain in the home the records in Schedule 4;	
ensure that the records are kept up to date; and	
retain the records for at least 15 years from the date of the last	



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entry. (Regulation 37 (1)(2)(a)(b)(c)) In particular, maintain a clear and accurate duty rota.	
The registered person must complete a review of the quality of care provided for children ("a quality of care review") at least once every 6 months. In order to complete a quality of care review the registered person must establish and maintain a system for monitoring, reviewing and evaluating—	05/11/2018
the quality of care provided for children;	
the feedback and opinions of children about the children's home, its facilities and the quality of care they receive in it; and	
any actions that the registered person considers necessary in order to improve or maintain the quality of care provided for children.	
After completing a quality of care review, the registered person must produce a written report about the quality of care review and the actions which the registered person intends to take as a result of the quality of care review ("the quality of care review report").	
The system referred to in paragraph (2) must provide for ascertaining and considering the opinions of children, their parents, placing authorities and staff. (Regulation 45 $(1)(2)(a)(b)(c)(3)(5)$)	
The registered person must give notice in writing to HMCI, as soon as it is reasonably practicable to do so, if any of the following events take place or are expected by the registered person to take place—	29/10/2018
a person other than the registered person carries on or manages the children's home;	
a person ceases to carry on or manage the home. (Regulation 49 (a)(b))	



Recommendations

assessed as competent to do so.

- Regulation 23 requires the registered person to ensure that they make suitable arrangements to manage, administer and dispose of any medication. ('Guide to the children's homes regulations including the quality standards', page 35, paragraph 7.15)

 In particular, ensure that any member of staff who administers medication is
- The registered person should ensure that staff can access appropriate facilities and resources to support their training needs, and should understand the key role that they play in the training and development of staff at the home. ('Guide to the children's homes regulations including the quality standards', page 53, paragraph 10.11)
- As set out in regulations 31-33, the registered person is responsible for maintaining good employment practice. They must ensure that recruitment, supervision and performance management of staff safeguards children and minimises potential risks to them. ('Guide to the children's homes regulations including the quality standards', page 61, paragraph 13.1)
- Ensure that staff understand the importance of careful, objective and clear recording. Record information on individual children in a way that will be helpful to the child. ('Guide to the children's homes regulations including the quality standards', page 62, paragraph 14.4)
- Review the appropriateness and suitability of the location and premises of the home at least once a year. The review should include the identification of any risks and opportunities presented by the home's location and strategies for managing these. Providers should refer to the non-statutory advice about the location assessment process. ('Guide to the children's homes regulations including the quality standards', page 64 paragraph 15.1)

Inspection judgements

Overall experiences and progress of children and young people: good

The staff provide individualised care that meets the children's needs. The staff are held in high esteem by the children and their families and partner professionals. One child's social worker said, 'He [the child] has got good relationships with staff, he calls them his family.'

The staff build nurturing relationships that the children value. These relationships underpin the good progress that the children make from their starting points, gaining confidence and self-esteem. A professional said, 'When he [the child] came he was very angry and presented as very high-risk. He has settled and made terrific progress.'

The children develop positive relationships with and speak very warmly of each other. The boys sit and play on their games consoles together and consistently seek out each



other's company. There is constant good-humoured banter. One child referred to another as 'like an annoying little brother', to which the other child responded, 'He likes to think no one cares about him, but we all do.' The children said that they will maintain these positive bonds when they move on.

The children are involved in day-to-day decisions about their lives. The staff listen to them and respond to any issues of concern that they may raise. The environment is relaxed. The children like the fact that they can enjoy normal childhood experiences, such as owning fish and the freedom to go out on their bikes. One partner professional described the home as having 'a lovely atmosphere'.

Not all of the children regularly attend their school or college. However, staff continually promote the importance of education and advocate for arrangements that are most likely to engage the child positively. Some children make particularly strong progress. One teacher described how a child who had previously struggled had made great progress and gained lots of awards for his achievements. This child is now fully part of the school community, enjoying school and re-engaging with learning.

Medication arrangements, although generally robust, require some improvement. For example, medication e-learning is not supplemented by a system to establish individual staff's competency to administer medication.

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

Children said that they feel safe and valued. The staff provide the children with opportunities to explore their emotions and help them develop tools to appropriately manage their anger. As a result, the children develop emotionally and behaviourally, and levels of aggression reduce.

Physical restraint is used only by trained staff and when necessary. The records of restraint, on occasion, fail to evidence that the children are always provided with an opportunity to discuss their feelings. The manager has not recorded a review of each restraint. Therefore, it is not clear whether or not the child has received the emotional support that they needed, neither is it clear that the manager has satisfied themselves that all restraint has been necessary and proportionate.

The children receive supportive, caring responses from individual staff in relation to any incidents of conflict, which means that they continue to feel protected. The children can share their worries or concerns with staff. The children are provided with clear information and support to contact external agencies should they wish to.

The staff provide an environment that the children want to be in. One child's social worker said, 'He [the child] has really good relationships with staff and is happy and secure.' The risks that the children faced when admitted to the home, such as going missing or high levels of aggression, drastically reduce. Such incidents are now rare.

Staff vetting procedures are generally robust. However, copies of staff qualifications are



not always held on file. Furthermore, the employment history and references of agency staff are not obtained. This limits the ability of the manager to scrutinise the employee's fitness effectively or understand their professional knowledge.

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

The registered manager left in June 2018. The home has experienced some challenges with staffing. The organisation has tried to limit the effect of the changes and a new manager has been appointed. The organisation did not initially notify Ofsted of these management changes. As a result, Ofsted was unaware of who was in day-to-day charge of the home.

The staff are caring and provide good-quality, personalised support to the children. The staff establish constructive partnerships with families and other agencies. This collaborative commitment to the children helps them settle and make positive progress in their lives.

The staff feel well supported. They said that they know what their responsibilities are. However, individual supervision arrangements are not sufficiently regular. The majority of staff, but not all, have undertaken the organisation's core training. One member of senior staff has yet to undertake child sexual exploitation awareness training, and two staff do not hold current first aid qualifications. Five members of staff have not completed the required level 3 diploma. The home provides care and support to children who may self-harm, and some children have an autism spectrum disorder. However, most staff have not received training in supporting children who have these needs. Staff are not able to work to the best of their ability if they do not receive support and training that equip them effectively for their role.

Case records are not consistently maintained to a high standard and filing systems are not clear. Some records are undated and/or unsigned, and some case files are missing important information. As a result, it is difficult to always clearly understand the support that staff have provided to the child or aspects of the child's current care plan. The staff duty rota does not clearly document who was on duty at a given time. This could have an impact on the ability to conduct any future investigation into staffing or safeguarding matters.

The manager has undertaken a review of the appropriateness and suitability of the location and premises of the home. However, there is insufficient information on, or evaluation of, any risks and opportunities in respect of health and education, or strategies for managing these.

The most recent quality of care review does not seek and evaluate information from families and partner agencies about the care provided. Therefore, although there are aspirations and plans for the service, they are not documented effectively and shared to drive improvement and 'tell the story' of the home.

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: SC423453

Provision sub-type: children's home

Registered provider: Kedleston (Wood Grove Childcare) Ltd

Registered provider address: Office Suite 1, Ansell Gardens, Holloway Lane,

Harmondsworth UB7 0AE

Responsible individual: Paul Brosnan

Registered manager: post vacant

Inspector

Joanna Heller: social care inspector



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