

1236278

Registered provider: The Priory Group

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This service had a full inspection in July 2018 and was judged to be inadequate. The monitoring inspection that took place in August 2018 found additional serious and significant shortfalls. This resulted in two compliance notices being served. At a further monitoring inspection in September 2018, the compliance notices were deemed to be met.

This service is part of a large, national organisation. It is registered to care for up to four children. Four children have lived here for a long period of time.

Inspection dates: 10 October 2018

Overall experiences and progress of children and young people, taking into account	inadequate
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How well children and young people are helped and protected	inadequate
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The effectiveness of leaders and managers	inadequate
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There are serious and/or widespread failures that mean children and young people are not protected or their welfare is not promoted or safeguarded, and the care and experiences of children and young people are poor and they are not making progress.

Date of last inspection: 4 July 2018

Overall judgement at last inspection: inadequate

Enforcement action since last inspection:

Two compliance notices have been served on this children's home, and these were deemed to have been met in September 2018. Several requirements were made at the last full inspection in July 2018. The majority of these requirements have not been met.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
04/07/2018	Full	Inadequate
04/05/2017	Full	Requires improvement to be good
24/02/2017	Interim	Sustained effectiveness
06/10/2016	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>6: The quality and purpose of care standard</p> <p>(1) The quality and purpose of care standard is that children receive care from staff who–</p> <p>(a) understand the children's home's overall aims and the outcomes it seeks to achieve for children;</p> <p>(b) use this understanding to deliver care that meets children's needs and supports them to fulfil their potential.</p> <p>(2) In particular, the standard in paragraph (1) requires the registered person to–</p> <p>(a) understand and apply the home's statement of purpose;</p> <p>(b) ensure that staff–</p> <p>(i) understand and apply the home's statement of purpose;</p> <p>(ii) protect and promote each child's welfare;</p> <p>(iii) treat each child with dignity and respect;</p> <p>(iv) 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>(v) help each child to understand and manage the impact of any experience of abuse or neglect;</p> <p>(vi) help each child to develop resilience and skills that prepare the child to return home, to live in a new placement or to live independently as an adult;</p> <p>(d) ensure that any care that is arranged or provided for a child that–</p> <p>(i) relates to the child's development (within the meaning of section 17 (11) of the Children Act 1989) or health; and</p> <p>(ii) is not arranged or provided as part of the health service continued under section 1(1) of the National Health Service Act 2006(a), satisfies the conditions in paragraph (3).</p> <p>(3) The conditions are–</p> <p>(a) that the care is approved, and kept under review throughout its duration, by the placing authority;</p> <p>(b) that the care meets the child's needs;</p> <p>(c) that the care is delivered by a person who–</p>	23/11/2018

<p>(i) has the experience, knowledge and skills to deliver that care; and</p> <p>(ii) is under the supervision of a person who is appropriately skilled and qualified to supervise that care; and</p> <p>(d) that the registered person keeps the child's general medical practitioner informed, as necessary, about the progress of the care throughout its duration.</p>	
<p>7: The children's views, wishes and feelings standard</p> <p>(1) The children's views, wishes and feelings standard is that children receive care from staff who–</p> <p>(a) develop positive relationships with them;</p> <p>(b) engage with them; and</p> <p>(c) take their views, wishes and feelings into account in relation to matters affecting the children's care and welfare and their lives.</p> <p>(2) In particular, the standard in paragraph (1) requires the registered person to–</p> <p>(a) ensure that staff–</p> <p>(i) ascertain and consider each child's views, wishes and feelings, and balance these against what they judge to be in the child's best interests when making decisions about the child's care and welfare;</p> <p>(ii) help each child to express views, wishes and feelings;</p> <p>(iii) help each child to understand how the child's views, wishes and feelings have been taken into account and give the child reasons for decisions in relation to the child;</p> <p>(iv) regularly consult children, and seek their feedback, about the quality of the home's care.</p>	<p>23/11/2018</p>
<p>8: The education standard</p> <p>(1) The education standard is that children make measurable progress towards achieving their educational potential and are helped to do so.</p> <p>(2) In particular, the standard in paragraph (1) requires the registered person to ensure–</p> <p>(a) that staff–</p> <p>(iii) understand the barriers to learning that each child may face and take appropriate action to help the child to overcome any such barriers;</p> <p>(iv) help each child to understand the importance and value of education, learning, training and employment;</p> <p>(x) help each child to attend education or training in accordance with the expectations in the child's relevant plans.</p>	<p>23/11/2018</p>

<p>11: The positive relationships standard</p> <p>(1) The positive relationships standard is that children are helped to develop, and to benefit from, relationships based on–</p> <ul style="list-style-type: none"> (a) mutual respect and trust; (b) an understanding about acceptable behaviour; and (c) positive responses to other children and adults. <p>(2) In particular, the standard in paragraph (1) requires the registered person to ensure–</p> <ul style="list-style-type: none"> (a) that staff– <ul style="list-style-type: none"> (i) meet each child’s behavioural and emotional needs, as set out in the child’s relevant plans; (ii) help each child to develop socially aware behaviour; (iii) encourage each child to take responsibility for the child’s behaviour, in accordance with the child’s age and understanding; (iv) help each child to develop and practise skills to resolve conflicts positively and without harm to anyone; (v) communicate to each child expectations about the child’s behaviour and ensure that the child understands those expectations in accordance with the child’s age and understanding; (vi) help each child to understand, in a way that is appropriate according to the child’s age and understanding, personal, sexual and social relationships, and how those relationships can be supportive or harmful; (vii) help each child to develop the understanding and skills to recognise or withdraw from a damaging, exploitative or harmful relationship; (viii) strive to gain each child’s respect and trust; (ix) understand how children’s previous experiences and present emotions can be communicated through behaviour and have the competence and skills to interpret these and develop positive relationships with children; (x) are provided with supervision and support to enable them to understand and manage their own feelings and responses to the behaviour and emotions of children, and to help children to do the same; (xi) de-escalate confrontations with or between children, or potentially violent behaviour by children; (xii) understand and communicate to children that bullying is unacceptable; and (xiii) have the skills to recognise incidents or indications of bullying and how to deal with them; and (b) that each child is encouraged to build and maintain positive relationships with others. 	<p>23/11/2018</p>
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<p>12: The protection of children standard*</p> <p>(1) The protection of children standard is that children are protected from harm and enabled to keep themselves safe.</p> <p>(2) In particular, the standard in paragraph (1) requires the registered person to ensure–</p> <p>(a) that staff–</p> <p>(i) 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>(ii) help each child to understand how to keep safe;</p> <p>(iii) have the skills to identify and act upon signs that a child is at risk of harm;</p> <p>(v) understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person;</p> <p>(vi) take effective action whenever there is a serious concern about a child’s welfare; and</p> <p>(vii) are familiar with, and act in accordance with, the home’s child protection policies;</p> <p>(b) that the home’s day-to-day care is arranged and delivered so as to keep each child safe and to protect each child effectively from harm;</p> <p>(e) that the effectiveness of the home’s child protection policies is monitored regularly.</p>	<p>23/11/2018</p>
<p>13: The leadership and management standard</p> <p>(1) The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children’s home that–</p> <p>(a) helps children aspire to fulfil their potential; and</p> <p>(b) promotes their welfare.</p> <p>(2) In particular, the standard in paragraph (1) requires the registered person to–</p> <p>(a) 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;</p> <p>(b) ensure that staff work as a team where appropriate;</p> <p>(c) ensure that staff have the experience, qualifications and skills to meet the needs of each child;</p> <p>(d) ensure that the home has sufficient staff to provide care for each child;</p> <p>(e) ensure that the home’s workforce provides continuity of care to each child;</p>	<p>23/11/2018</p>

<p>(f) 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;</p> <p>(g) demonstrate that practice in the home is informed and improved by taking into account and acting on–</p> <p>(i) research and developments in relation to the ways in which the needs of children are best met; and</p> <p>(ii) feedback on the experiences of children, including complaints received; and</p> <p>(h) use monitoring and review systems to make continuous improvements in the quality of care provided in the home.</p>	
<p>23: Medicines*</p> <p>The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children's home.</p> <p>(2) In particular the registered person must ensure that–</p> <p>(a) medicines kept in the home are stored in a secure place so as to prevent any child from having unsupervised access to them;</p> <p>(b) medicine which is prescribed for a child is administered as prescribed to the child for whom it is prescribed and to no other child; and</p> <p>(c) a record is kept of the administration of medicine to each child.</p> <p>(3) Paragraph (2) does not apply to medicine which–</p> <p>(a) is stored by the child for whom it is provided in such a way that other persons are prevented from using it; and</p> <p>(b) may be safely self-administered by that child.</p> <p>(4) In this regulation, "prescribed" means–</p> <p>(a) ordered for a patient, for provision to the patient, under or by virtue of the National Health Service Act 2006 or section 176(3) of the Health and Social Care (Community Health and Standards) Act 2003(b); or</p> <p>(b) in a case not falling within sub-paragraph (a), prescribed for a patient in accordance with regulation 217 of the Human Medicines Regulations 2012(c).</p>	<p>23/11/2018</p>
<p>33: Employment of staff</p> <p>(1) The registered person must–</p> <p>(a) ensure that each employee completes an appropriate induction.</p>	<p>23/11/2018</p>

<p>(4) The registered person must ensure that all employees–</p> <p>(a) undertake appropriate continuing professional development;</p> <p>(b) receive practice-related supervision by a person with appropriate experience; and</p> <p>(c) have their performance and fitness to perform their roles appraised at least once every year.</p>	
<p>39: Complaints and representations</p> <p>(1) Subject to paragraph (6), the registered person must establish a procedure for considering complaints made by or on behalf of children.</p> <p>(2) In particular, the procedure must provide that no person who is the subject of a complaint takes any part in its consideration or investigation, except at the informal resolution stage if the registered person considers it appropriate.</p> <p>(3) The registered person must ensure that a record is made of any complaint, the action taken in response, and the outcome of any investigation.</p>	<p>23/11/2018</p>

* These requirements are subject to a compliance notice.

Inspection judgements

Overall experiences and progress of children and young people: inadequate

Children do not receive consistent care. Boundaries, house rules and expectations are not clear. For example, one child often remains in bed until the early evening and does not eat regular, healthy meals. At times, staff do not effectively challenge the child. Not all staff have the skills and experience to ensure that boundaries are consistently adhered to.

Children do not always have access to primary healthcare so that health professionals can assess the need to use medication to support children's emotional well-being. The organisation uses a psychiatrist, and their services are available to the children.

Staff do not always provide children with their medication in line with the prescription. Medication that should be provided in the morning is often given in the evening, or not at all. This crucial information is not shared with the prescribing psychiatrist as part of the clinical review process.

Not all children are doing as well in education as they could. Lateness and absence from school are commonplace. The barriers to some children attending and engaging are not understood by the staff. Strategies to motivate children are weak and not used consistently. Nonetheless, some children do attend and are making good progress.

Children are supported to have good-quality and increasing contact with their families. For one, this has progressed to a plan for them to return home. Children are fully involved in making plans to see their families, and really look forward to this time.

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

The arrangements to safeguard children remain ineffective. Not enough action is taken to ensure that concerns are identified and dealt with quickly.

Not all safeguarding concerns and complaints made by children are identified and managed effectively. Policy and procedures are not always adhered to. Internal investigations in respect of poor and concerning practice are inadequate. Conclusions are weak, and the recommendations made are not followed. The two most recent investigations have not constructively included the child, or the adult to whom the disclosure was first made.

The management of medication is unsafe. Too many errors have occurred, involving too many staff. Medication is not always administered correctly and not all medication can be accounted for. These concerns are in respect of both prescribed medication and home remedies. Urgent action is required to address this serious weakness.

Children have access to their mobile phones and electronic devices overnight. One child is known to use these into the early hours of the morning. When there is challenge from

staff, it is focused on reducing the noise and not waking others. Risks associated with internet access and poor sleep patterns are not fully considered.

Serious and significant incidents have been reduced. This has led to less use of physical intervention and children witnessing these incidents less often. Staff stated that they felt that this was due to receiving good-quality training targeted at supporting one of the children, who struggles to manage their behaviours.

The effectiveness of leaders and managers: inadequate

The leadership and management of the home are not effective. Despite extensive additional support being put in place by the organisation, significant concerns remain in respect of leadership.

Managers have failed to ensure that shortfalls identified at recent inspections have been rectified. Not enough action has been taken quickly enough, resulting in several requirements that were made at the last full inspection not being met.

Oversight by managers remains poor. For example, systems to audit the safekeeping and administration of medication are insufficient. The lack of oversight means that it is difficult to understand what medication children have received and when it was given.

Staff are not always provided with supervision in line with organisational policy. There is a lack of consistent and clear messages from managers about expectations and how care for children should be provided. This results in absence of appropriate boundaries for children and inconsistencies in the approach by staff. As a result, at times children's basic care needs are not met.

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 difference 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: 1236278

Provision sub-type: Children's home

Registered provider: The Priory Group

Registered provider address: Priory Education Services Limited, 80 Hammersmith Road, London, Middlesex W14 8UD

Responsible individual: Clive Coombs and Tyler Collins

Registered manager: Adam Court

Inspector(s)

Tracey Ledder, social care inspector

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