SC031490
Registered provider: East Sussex County Council

Full inspection
Inspected under the social care common inspection framework

Information about this children’s home

This secure children’s home is operated by a local authority and is approved by the Secretary of State to restrict children’s liberty. The home can accommodate up to seven children who are aged between 10 and 17. It provides for children accommodated under section 25 of the Children Act 1989, who are placed by local authorities.

Admission of any child who is under 13 years of age requires the approval of the Secretary of State, under section 25 of the Children Act 1989.

The commissioning of health services in this home is the statutory responsibility of NHS England under the Health and Social Care Act 2012. Education is provided on site in dedicated facilities.

The manager has been registered with Ofsted since July 2017.

Inspection dates: 25 to 27 September 2018

Overall experiences and progress of children and young people, taking into account

How well children and young people are helped and protected good

The effectiveness of leaders and managers good

Outcomes in education and related learning activities outstanding

The children’s home provides effective services that meet the requirements for good.
Date of last inspection: 13 February 2018

Overall judgement at last inspection: improved effectiveness

Enforcement action since last inspection: none

Recent inspection history

<table>
<thead>
<tr>
<th>Inspection date</th>
<th>Inspection type</th>
<th>Inspection judgement</th>
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<tbody>
<tr>
<td>13/02/2018</td>
<td>Interim</td>
<td>Improved effectiveness</td>
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<tr>
<td>18/07/2017</td>
<td>Full</td>
<td>Good</td>
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<tr>
<td>21/02/2017</td>
<td>Interim</td>
<td>Improved effectiveness</td>
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<tr>
<td>12/07/2016</td>
<td>Full</td>
<td>Requires improvement</td>
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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.

<table>
<thead>
<tr>
<th>Requirement</th>
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<tr>
<td>The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children’s home that—</td>
<td>25/10/2018</td>
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<td>promotes their welfare.</td>
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<td>In particular, the standard in paragraph (1) requires the registered person to—</td>
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<td>use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(b)(2)(h))</td>
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<td>Specifically, use monitoring activity to improve behaviour management and restraint practice.</td>
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<td>The independent person must provide a copy of the independent person’s report to HMCI. (Regulation 44 (7)(a))</td>
<td>25/10/2018</td>
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<td>Specifically, ensure that the independent person’s report is sent to Ofsted without unnecessary delay.</td>
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Recommendations

- Staff should be familiar with the home’s policies on record keeping and understand the importance of careful, objective, and clear recording. (‘Guide to the children’s homes regulations including the quality standards’, page 62, paragraph 14.4)
  
  Specifically, ensure that care plans detail comprehensively each young person’s needs and that the daily records provide an accurate summary of the young person’s experiences throughout the day.

- Staff should work to make the children’s home an environment that supports children’s physical, mental and emotional health. (‘Guide to the children’s homes regulations including the quality standards’, page 33, paragraph 7.3)
Specifically, ensure that staff complete regular infection control audits of the medical room.

- The registered person is responsible for ensuring that all of their staff have been adequately trained in the principles of restraint and any restraint techniques appropriate to the needs of the children the home is set up to care for. (‘Guide to the children’s homes regulations including the quality standards’, page 49 paragraph 9.57) Specifically, staff must only use approved restraint techniques.

- If, in an emergency situation, the registered person has to move a child out of the home to other accommodation, the accommodation must be suitable and meet the child’s needs. (‘Guide to the children’s homes regulations including the quality standards’, page 58 paragraph 11.13) Specifically, the home should have a contingency plan in place, making sure that placing authorities are aware of their responsibilities to accommodate young people in the event of an emergency that renders the home unusable.

- The registered person must have systems in place so that all staff, including the manager, receive supervision of their practice from an appropriately qualified and experienced professional, which allows them to reflect on their practice and the needs of the children assigned to their care. (‘Guide to the children’s homes regulations including the quality standards’, page 61, paragraph 13.2) Specifically, improve the quality and consistency of practice-related supervision.

- Ensure that the ethos of the home supports each child to learn. (‘Guide to the children’s homes regulations including the quality standards’, page 29, paragraph 5.18) Specifically, clarify and communicate to staff the policy and practice to support the education of those who do not attend school.

**Inspection judgements**

**Overall experiences and progress of children and young people: good**

Young people make consistently good progress in all areas of their development. Staff have the skills and experience to quickly establish respectful and trusting relationships with the young people. Staff recognise and respond effectively to each young person’s needs. They are exceptionally good at acknowledging and celebrating achievements.

Staff are motivated and inspired by a leadership team that places the needs of the young people at the centre of their practice. Collectively, their child-focused approach provides nurturing care and support. As a result, the young people’s self-esteem and confidence has grown considerably. A parent said, ‘I cannot believe how my daughter’s physical appearance, attitude and behaviour has changed in such a short space of time. The staff have worked wonders.’
Staff are positive role models for the young people. They maintain clear boundaries and expectations, which the young people say have helped them to find a sense of stability in their often-chaotic lives. Young people say that staff are kind, listen, and care. One young person said, ‘When I am confused, sad or upset, staff will give me a hug and talk to me until I feel better.’ For many of the young people, this is a new experience and helps them to feel safe and looked after.

Resettlement arrangements are excellent. From the point of admission there is a keen focus on how young people will move on. Leaders and managers advocate for young people and, where necessary, they will challenge and hold local authorities to account, for example when placements are not identified or are inappropriate. Some children are provided with ongoing support once they have left the home. This outreach support has significantly helped the young people to adjust and settle into their new placements.

Staff are skilled at supporting and motivating the young people to maintain personal interests and hobbies. Similarly, they are very good at providing the young people with the opportunities to experience new activities and interests, utilising staff skills in this respect; for example, one young person is currently working toward a green belt in taekwondo.

Healthcare staff provide a very good standard of physical and mental healthcare to the young people. Health and well-being needs are identified promptly, and healthcare plans describe how these needs are to be met.

The multidisciplinary mental health team works very well with care and education staff to support young people. Collectively they have successfully embedded a trauma-informed practice model that is now thoroughly understood by staff and is consistently implemented in all aspects of practice throughout the home and the school.

The management of medication is good. Staff understand the need to monitor closely young people who have specific needs. They ensure that young people’s known and emerging needs are consistently met. Staff have not recently completed an infection control audit of the medical room, although this was assessed as being clean and fit for purpose at the time of the inspection.

Young people’s views are considered to be important and central to the operation of the home. The wide range of consultation systems are effective in obtaining the young people’s feedback about their experiences during and following their stay. Young people’s views are consistently positive, and they can all give examples of how spending time at the home has benefited them for the future.

Care plans align with the aims and objectives of local authority plans. They are regularly reviewed and include the young person’s views about their needs. However, some of these documents lack detail and do not provide staff with clear information about how to meet each child’s day-to-day living needs. Supplementary information such as risk management plans are available to staff and are comprehensive.

Daily records are maintained. However, these do not consistently provide a sufficiently
detailed account of the young person’s daily experiences. Sections relating to group
dynamics and the activities that the young people have engaged in are frequently
incomplete.

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

Young people’s safety is prioritised. Individual risk assessments identify areas of
vulnerability and contain clear plans to manage and reduce risks. Assessments and
interventions are informed by expert input from qualified child and adolescent mental
health professionals. Risk assessments are regularly reviewed and adjusted. This means
that interventions are pitched at the right level for each child and are no more restrictive
than is necessary to manage risk-taking behaviour such as self-harm.

Young people become safer because of the care and support they receive. Staff build
 trusting and nurturing relationships that enable young people to confide in them. Staff
have a good understanding of how the prior experiences of young people influence the
way they perceive the world. They successfully create a safe space for young people to
explore and address their harmful behaviours. This, combined with good access to a
range of specialist resources, has helped young people to understand their past
behaviours and learn how to make safer choices in their lives.

Staff are trained in key areas of child protection. Some staff undertake specialist training
to understand the needs of young people who have been subjected to exploitation. They
undertake direct work to help young people avoid harmful situations when they return to
live in the community. The teaching staff work closely with residential colleagues to plan
and deliver learning in e-safety and sex and relationships.

The atmosphere in the home is calm and managed well by staff. Staff use restorative
approaches to manage group dynamics and challenging behaviour. Sanctions are used
sparingly, and young people respond well to boundaries. Staff resources are deployed
effectively to ensure that young people have the support they need to manage incidents
safely.

Staff training in behaviour management and physical intervention techniques is regularly
updated. There has been a reduction in the use of physical interventions in recent
months. This is to some extent attributed to the successful application of the trauma-
informed approach when staff are managing conflict.

All incidents of physical restraint are reviewed using closed-circuit television (CCTV).
Inspectors observed several incidents using CCTV, some of which did not evidence best
practice, for example using adapted techniques when approved holds failed. Although no
young people were harmed or at serious risk of harm, managers need to use these
reviews more effectively to improve practice and to ensure that only approved restraint
techniques are used.

Young people know how to complain and are able to raise concerns. The manager
investigates, records and reviews all complaints in line with the policy of the home. The
provider works effectively in partnership with partner agencies in response to child
protection concerns. The designated officer for the local authority reported that the manager understands her responsibilities in relation to safeguarding and takes effective action where needed.

The staff take a proportionate and considered approach when using single separation and managing away. Detailed records are kept and confirm that staff maintain appropriate levels of supervision and make every effort to reintegrate the young person back into the group as quickly as possible.

The physical environment is safe, secure and well maintained. Staff understand the risk factors in relation to young people going missing or absconding, and these are fully considered when planning mobility. Staff ensure that young people are supervised in the community, and there have been no incidents of young people going missing from the home.

**The effectiveness of leaders and managers: good**

The home is run effectively by managers who consistently prioritise young people’s needs. The registered manager and the headteacher work collectively to provide a nurturing environment, an example followed by care and education staff more generally. The recent inclusion of healthcare managers has strengthened further this already strong and cohesive leadership team.

Staff are happy in their work and demonstrate a genuine, caring commitment to each young person in their care. They share the positive care values that are promoted by leaders and managers. Staff are highly effective in addressing young people’s individual needs, helping them come to terms with their past and plan positively for their futures. A member of staff said, ‘I like what I do because of the young people’s successes. No two days are the same but there are always positives.’

Young people and staff speak positively about the registered manager. The manager meets with the young people on a weekly basis to consider their views on their care and how things can be improved.

Staff say that they are well supported by managers who are visible on the unit, especially during difficult and challenging times. New staff are inducted well, and formal supervision is regular. There is a need for a more consistent approach in terms of the quality of supervision to ensure that staff can reflect on their practice and assess their own learning and development.

All eligible staff hold a relevant qualification or are in the process of completing the appropriate course. Staff have good access to a range of mandatory and needs-led training, which is regularly refreshed. The management team is currently looking at how it can improve the training offer, for example bespoke self-harm training provided by the clinical health team.

Leaders and managers understand the strengths of the home. There is a keen focus on building on these strengths and further improving the services available to this highly
vulnerable group of young people. This includes addressing all shortfalls raised at previous inspections.

Managers use a range of quality assurance processes to monitor young people’s progress and staff practice, while driving forward an aspirational improvement agenda. This includes making best use of the external scrutiny provided by the independent visitor each month. The independent visitor reports are shared with Ofsted and provide the regulator with a good insight into the general operation of the home. However, the delay in sharing these reports with Ofsted means that the information is often out of date when it is received.

Managers are proactive in their efforts to maintain strong and effective working links with partner agencies, including local authorities, safeguarding professionals and healthcare providers. Feedback from a range of parents and professionals was exceptionally positive about the effectiveness of this collaborative approach that ensures that young people receive a cohesive response to meeting their diverse care needs.

**Outcomes in education and related learning activities: outstanding**

Young people enjoy school and are deeply engaged in their lessons and the good range of enrichment activities provided. They understand the school’s expectations about dress, punctuality and behaviour, and conduct themselves very well in class. As a result, young people make very good progress in their emotional and educational development during their time at the home. Their attendance is consistently good.

The curriculum enables young people to exercise choice and develop their own interests. For example, a homework ‘menu’ allows them to extend what they learn in the classroom or to follow personal projects. All young people access mathematics, English and PE, and gain useful, functional skills qualifications. The recently attained Rainbow award has raised awareness in the class and across the whole home on lesbian, gay, bi-sexual and transgender issues and equality. Assemblies are highly effective in raising morale, communicating messages and reinforcing class learning and positive behaviour from that week.

Teachers have high levels of specialist subject skills and experience, which enables them to adapt lessons and introduce relevant activities with ease, and in a manner that stretches the more able. As a result of good, and often outstanding, teaching, young people retain information and knowledge well, learn new concepts and become active learners. Teaching assistants provide good in-class support.

Initial and diagnostic assessment and monitoring and reporting of young people’s progress are comprehensive and meaningful. Young people receive good ongoing written and verbal feedback on their work and know how well they are progressing. They and their respective social workers receive regular reports.

School managers continue to innovate and seek improvement. They have an accurate and detailed view of the strengths and development areas within education and of the
quality of teaching and learning. Managers have addressed the two recommendations from the last full inspection. Staff from the Multi Academy Trust, of which the school is a part, continue to provide timely support.

Teaching resources are good and well used. Attractive displays of young people’s work reference academic concepts in, for example, science and English, convey high expectations and celebrate learners’ work. Young people are supervised unobtrusively in using the internet for research purposes.

Arrangements are in place to support the very few young people who are risk assessed as needing to remain on their residential unit and not attend school. Planning takes place and a personalised school-based programme is devised. Young people receive daily work, which is marked and monitored. However, guidance in supporting these young people and the respective responsibilities of education and care staff are insufficiently clear.

**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: SC031490

Provision sub-type: Secure unit

Registered provider address: County Hall, St. Anne’s Crescent, Lewes, East Sussex BN7 1UE

Responsible individual: Elizabeth Rugg

Registered manager: Helen Simmons

Inspectors

Paul Scott, social care inspector
Sharron Escott, social care inspector
Lee Kirwin, social care inspector
Tony Gallagher, Ofsted inspector
Andrea Crosby-Josephs, health & justice inspector, Care Quality Commission
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