

SC035500

Registered provider: South Gloucestershire Council

Interim 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 young people's liberty. The children's home can accommodate up to 24 children and young people who are aged between 10 and 18 years.

All of the places available at the children's home are commissioned on a contractual basis by the Youth Custody Service (YCS). The YCS may under certain circumstances permit local authority children's services to spot purchase a vacant bed at the children's home, to enable a local authority to place a young person on welfare grounds under section 25 of the Children Act 1989. Admission of any young person who is under 13 years of age under section 25 of the Children Act 1989 requires the approval of the Secretary of State.

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 current manager registered with Ofsted for this children's home in July 2015.

Inspection date: 23 October 2018

Judgement at last inspection: requires improvement to be good

Date of last inspection: 10 April 2018

Enforcement action since last inspection: none

This inspection

The effectiveness of the home and the progress and experiences of children and young people since the most recent full inspection

This home was judged requires improvement to be good at the last full inspection. At

the interim inspection, Ofsted judges that it has sustained effectiveness.

At the last inspection of the home, in May 2018, Ofsted made eight statutory requirements and eight recommendations. Two recommendations related to the education provision. Ofsted will assess these recommendations at the next full inspection of the home.

Senior managers now prioritise building effective partnerships with commissioned healthcare services. The registered manager works with an external consultant to identify possible barriers to collaborative work practice. This approach takes account of the varied range of health services required to meet young people's bespoke needs. This means that care staff and health staff complement each other to best support young people's progress.

Senior managers have made significant improvements to internal care planning and risk assessment processes. This includes the introduction of a weekly 'summary of needs and risks' meeting. All of the staff responsible for young people's care and support, and for the delivery of required offence interventions, attend these multi-disciplinary forums. Through this process, staff review young people's current risks and now take account of information from other agencies, behavioural observations and recent incidents and events. Staff also consider this information in conjunction with young people's personal circumstances, backgrounds and specific vulnerabilities. Consequently, risk assessments provide staff with a comprehensive picture of young people's needs. This better supports their progress.

Case managers now develop comprehensive and integrated behaviour management plans for all young people. This is a significant improvement since the last inspection. These plans reflect young people's individual needs and include specific de-escalation strategies. Consequently, staff are now fully aware of the factors that may influence young people's behaviours and are consistent in their methods of managing and reducing these behaviours. Furthermore, this approach helps young people to reflect on their actions, take responsibility for these and develop socially aware behaviours.

Managers now complete a specific analysis of physical restraints that involve young people being held on the floor. The assessment of this information means that managers can ascertain the rationale for the use of these holds and if the holds were necessary, taking account of the impact the holds may have on young people. Since the introduction of this analysis, the number of floor holds used in the home has reduced. The move away from using this method of restraint better promotes and protects young people's safety and welfare.

The registered manager has made improvements to internal monitoring systems. These now better support the evaluation of the day-to-day operation of the home to establish links between young people's progress and the care they receive. The quality of care review includes feedback from young people and others, and clear actions for developing the service. Nevertheless, there is a need for managers to consolidate the data they hold and use qualitative assessment to review staff practice. For example, the monitoring of

restraint looks at frequency and duration in detail, but does not always reference the quality of the intervention, what could be done better or if any lessons can be learned to prevent a reoccurrence of the behaviour. This limits the registered manager's ability to continually develop the service based on good practice.

The registered manager and the senior leadership team have taken some action to ensure that records relating to the use of physical restraint, and other measures of control, include all of the necessary details. However, information with reference to the type of hold used and the precise detail of the hold is incomplete. For example, records indicate if a 'head hold' was used, but not what this hold entails. Furthermore, there are still occasions when staff do not fully record the steps taken to de-escalate an incident in order to avoid the use of restraint. The lack of specific detail limits senior managers' ability to fully assess the necessity for restraint or the suitability of holds used.

Since the last inspection, external partners have also reviewed the use of restraint. There were some incidents when it was unclear if the use of restraint was for used to enforce a child to comply with instructions. Further assessment of these incidents, through the evaluation of records and closed-circuit television (CCTV) and additional discussions with senior managers, has indicated that these restraints were necessary to maintain safety and manage risk across the wider home. At that time, records relating to the incidents did not fully explore or record the rationale for the use of restraint, or indicate if and why the threshold for restraint was met. Following this external review, senior managers have taken action to improve these recordings. Managers now look to complete a quality assurance assessment of these restraints. Nevertheless, these developments have been slow to come to fruition following the last inspection. Senior managers do not consistently critically assess the threshold for the use of this measure of control to make sure that this is required in order to protect young people, or others, from harm.

Senior managers have reviewed the practice of young people returning to their rooms after meals to facilitate other young people's access to the dining room. Young people are still confined to the bedroom corridor area, but they are no longer subject to unnecessary periods of single separation. The long-term solution to this situation is to build an extension to the site. This work will commence shortly.

Allocated managers now take account of potential safety risks in the local community and surrounding areas. The development of a location risk assessment means that if or when young people access local amenities and facilities, staff are alert to factors that may compromise their safety and welfare.

Young people now participate in evening and weekend activity programmes. These complement the regular enrichment activities provided by education staff. Staff devise monthly plans that give young people the option of fitness activities, craft skills or group games. Consequently, young people say that they are no longer 'bored'. Monitoring reports relating to the frequency of low-level incidents between young people note a reduction in these behaviours since the introduction of evening and weekend activity plans.

The home is well maintained and well decorated. Staff have replaced aging art and craft displays, posters and pictures. This improvement helps to create a welcoming environment for young people.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
10/04/2018	Full	Requires improvement to be good
07/12/2017	Interim	Sustained effectiveness
04/07/2017	Full	Good
23/02/2017	Interim	Improved effectiveness

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 leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children's home and promotes their welfare.</p> <p>In particular, the standard in paragraph (1) requires the registered person to—</p> <p>use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13(1)(b)(2)(h))</p> <p>This is with particular reference to managers applying a qualitative assessment to data collection and using this to monitor, review and develop the service.</p>	14/12/2018
<p>The registered person must ensure that 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 a description of the measure; and details of any methods used or steps taken to avoid the need to use the measure. (Regulation 35(3)(a)(iv)(v))</p>	14/12/2018

This is with particular reference to ensuring that records include precise details of restraint holds.	
The registered person must ensure that 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. (Regulation 35(3)(b)(i)(ii))	14/12/2018
This is with particular reference to managers completing quality assurance reviews of restraint to ensure that thresholds for the use of this measure of control are met.	

Recommendations

- Ensure sanctions used to address poor behaviour are restorative in nature, to help children recognise the impact of their behaviour on themselves, other children, and the staff caring for them. (‘Guide to the children’s homes regulations including the quality standards’, page 46, paragraph 9.38)

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.

This inspection focused on the effectiveness of the home and the progress and experiences of children and young people since the most recent full inspection.

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’.

For inspections of secure children’s homes, Ofsted is assisted by an inspector from the Care Quality Commission (CQC) in Ofsted’s evaluation of health services provided for children (authorised by HMCI under section 31 of the Care Standards Act 2000).

Children’s home details

Unique reference number: SC035500

Provision sub-type: Secure unit

Registered provider address: South Glos Adults and Health, PO Box 2083, Castle Street, Thornbury, Bristol BS35 2BR

Responsible individual: Sonya Miller

Registered manager: Alison Sykes

Inspectors

Jo Stephenson, social care inspector
Lee Kirwin, social care inspector

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