

1236278

Registered provider: The Priory Group

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This children's home provides care for up to four children. The home is part of a large, national organisation.

Inspection dates: 29 to 30 November 2018

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

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

The effectiveness of leaders and managers **inadequate**

There are serious and 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: 10 October 2018

Overall judgement at last inspection: Inadequate

Enforcement action since last inspection:

Two compliance notices were served following the last inspection. Leaders and managers have failed to meet the requirements set out in these notices.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
10/10/2018	Full	Inadequate
04/07/2018	Full	Inadequate
04/05/2017	Full	Requires improvement to be good
24/02/2017	Interim	Sustained 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>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>(vii) provide to children living in the home the physical necessities they need in order to live there comfortably;</p> <p>(viii) provide to children personal items that are appropriate for their age and understanding; and</p> <p>(i) meet the needs of each child; and</p> <p>(ii) enable each child to participate in the daily life of the home; and</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),</p>	14/12/2018

<p>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> <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>In particular:</p> <p>Ensure that when the care provided falls below expectations, action is taken to swiftly.</p> <p>Ensure that children receive care that meets their individual, emotional needs.</p> <p>Ensure that all staff understand the importance of providing a consistent approach to care and that they have the training, skills, confidence and expertise to deliver that care.</p> <p>Ensure that staff receive practice related supervision that supports them to reflect and offers appropriate levels of challenge.</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—</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>In particular:</p> <p>Ensure that when children are not attending education, a plan is in place with their school to motivate and support them to re-engage.</p> <p>Ensure that children establish routines to ensure that they are able attend school.</p> <p>Ensure that children understand what is expected of them in respect of school attendance.</p> <p>Ensure that staff understand what is expected of them in respect of supporting children to attend school.</p>	<p>31/12/2018</p>

<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>(iv) manage relationships between children to prevent them from harming each other;</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>In particular:</p> <p>Ensure that any allegations or complaints made in respect of staff are progressed and investigated in a timely way.</p> <p>Ensure that any safeguarding concerns are escalated and managed effectively.</p> <p>Ensure that staff undertaking internal investigative work have the skills, knowledge and experience to do so.</p> <p>Ensure that the use of electronic devices is managed in such a way that the health, wellbeing and safety of children is promoted and protected.</p>	<p>14/12/2018</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>14/12/2018</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;

(b) ensure that staff work as a team where appropriate;

(c) ensure that staff have the experience, qualifications and skills to meet the needs of each child;

(d) ensure that the home has sufficient staff to provide care for each child;

(e) ensure that the home's workforce provides continuity of care to each child;

(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;

(g) demonstrate that practice in the home is informed and improved by taking into account and acting on—

(i) research and developments in relation to the ways in which the needs of children are best met; and

(ii) feedback on the experiences of children, including complaints received; and

(h) use monitoring and review systems to make continuous improvements in the quality of care provided in the home.

In particular:

Ensure that any staff practice concerns are addressed in a timely way.

Ensure that leaders have robust oversight and effectively monitor the quality of care that children receive.

Ensure that leaders have the skills, knowledge and experience to take effective and robust action when the quality of care is poor.

23: Medicines

(1) The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children's home.

(2) In particular the registered person must ensure that—

(a) medicines kept in the home are stored in a secure place so as to prevent any child from having unsupervised access to them;

(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

(c) a record is kept of the administration of medicine to each child.

(3) Paragraph (2) does not apply to medicine which—

(a) is stored by the child for whom it is provided in such a way that other persons are prevented from using it; and

14/12/2018

<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>In particular:</p> <p>Ensure that the systems in place to manage medication are safe.</p> <p>Ensure that managers can identify and act upon any errors or concerns in respect of medicines.</p> <p>Ensure that staff understand the importance of recording medication administration and ensure that action is taken to make such recordings.</p>	
<p>32: Fitness of workers</p> <p>(1) The registered person must recruit staff using recruitment procedures that are designed to ensure children’s safety.</p>	<p>31/12/2018</p>

Inspection judgements

Overall experiences and progress of children and young people: inadequate

Leaders and managers fail to ensure that children are provided with consistent, good-quality care. Boundaries, house rules and expectations remain unclear for children. For example, one child continues to stay in bed all day. The child continues to stay up late into the night and is able to access their computer without supervision. There is a failure to engage the child or to effectively challenge these concerning behaviours, to support a healthier daily routine.

Some children are not reaching their potential at school. Lateness and absence from school continue to be of concern. Strategies to motivate children are unsuccessful and are applied inconsistently. However, some children do attend school and are making good progress.

The staff team misses the opportunity to provide care and nurture through the provision of healthy home-cooked food and the implementation of meal-time rituals. Meal times are not sociable occasions. For example, children regularly buy and prepare their own meals separately. The absence of structure and good order means that, on occasions, meal times are chaotic. One child eats unhealthy meals at inappropriate times. Staff condone rather than challenge this behaviour by preparing the meals for them.

Children are supported to be involved in decisions about their lives. One child spent time contributing in a multi-agency meeting the day before this inspection. The child's social worker identified this as progress for that child.

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

The arrangements to safeguard children remain ineffective. Insufficient action is taken to ensure that concerns are identified and dealt with quickly. This was a feature at the two previous inspections.

Too many safeguarding concerns and complaints made by children are poorly managed. The quality and timeliness of investigations carried out by senior staff in relation to children's concerns and complaints continues to be poor. Investigations fail to fully explore and address the child's concerns. These shortfalls were highlighted in the previous two inspections.

Leaders and managers fail to address significant shortfalls in the safekeeping and administration of medication to children. For example, there is a continued failure to make suitable records of all the medication that comes into the home. As a result, some medication cannot be accounted for. When errors are identified, there is an inconsistent response by leaders and managers, about how to investigate and prevent errors from re-occurring. This serious weakness has been identified at the two previous inspections.

Some children continue to have access to their mobile phones and electronic devices overnight. One child continues to use electronic devices into the early hours of the morning. Strategies used by staff to address this concern focus on reducing noise rather than the welfare of the child concerned. Risks associated with internet access and poor sleep patterns receive insufficient attention.

Leaders and managers fail to ensure that in every case, new staff are suitably vetted before they start work in the home. One record was reviewed at this inspection. Gaps in employment history were not fully explored. In addition, discrepancies between the application form and a chronology of employment had not been identified by managers.

Serious and significant incidents have reduced. This has led to a reduction in the use of physical intervention. As a result, there is a reduction in the emotional distress previously experienced by children.

The effectiveness of leaders and managers: inadequate

Leaders and managers have failed to ensure that shortfalls identified at the recent inspection are addressed. Compliance notices served following the last inspection in October 2018 have not been met. Likewise, several requirements that have featured in the last three inspections have not been comprehensively addressed. Insufficient action has been taken to improve the quality of care that children receive.

Managers have failed to give staff consistent and clear messages about what is expected

of them. Not all staff are clear about how to care for children effectively. This results in the absence of appropriate boundaries for children and inconsistencies in care practices. As a result, on occasions, children's basic care needs are not met.

There is a lack of effective oversight of the home by leaders and managers. For example, there is a failure to fully review and scrutinise the home's daily records. As a result, leaders and managers fail to identify and address poor and concerning practice. This lack of effective monitoring hinders the home's overall progress and results in missed opportunities for improvement and for the protection of children.

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: 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

Registered manager: Adam Court

Inspectors

Tracey Ledder, social care inspector
Paula Lahey, Regulatory inspector manager

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