

SC046276

Registered provider: Devon County Council

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This secure children's home is managed by a local authority. The Department for Education approves it to restrict young people's liberty. The children's home can accommodate up to 12 children and young people who are aged between 10 and 17 years and accommodated under section 25 of the Children Act 1989. Admission of any young person under 13 years of age 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 manager registered with Ofsted on 3 August 2016.

Inspection dates: 5 to 6 March 2019

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

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 **requires improvement to be good**

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

Date of last inspection: 30 October 2018

Overall judgement at last inspection: sustained effectiveness

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
30/10/2018	Interim	Sustained effectiveness
22/03/2018	Interim	Sustained effectiveness
21/11/2017	Full	Good
28/02/2017	Interim	Sustained effectiveness

What does the children's home need to do to improve?

Recommendations

- Many children placed in homes may undergo a difficult transition and what should be simple aspects of their care take on a substantial significance in this context. Staff should provide a nurturing environment that is welcoming, supportive, and which provides appropriate boundaries in relation to their behaviour. ('Guide to the children's homes regulations including the quality standards', page 15, paragraph 3.7)

In particular, the experiences of children would be further improved if the provider keeps a keen focus on the trauma-recovery approach to providing care, to inform the way that the children's space is arranged and furnished. This would create a more therapeutic living space for young people to experience and enjoy.

- The ethos of the home should support each child to learn. ('Guide to the children's homes regulations including the quality standards', page 29, paragraph 5.18)

In particular, ensure that individual target setting is used effectively in lessons for all children to inform planning to meet individual learning needs. Ensure that targets are reviewed regularly with children so that the children know what they are working towards.

- The ethos of the home should support each child to learn. ('Guide to the children's homes regulations including the quality standards', page 29, paragraph 5.18)

In particular, further improve the quality of teaching and learning to better reflect the complex needs of children and consistently apply improvements across the curriculum so that outcomes for children continue to improve.

- The ethos of the home should support each child to learn. ('Guide to the children's homes regulations including the quality standards', page 29, paragraph 5.18)

In particular, in preparation for moving on, ensure that the vocational curriculum offers appropriate and relevant information and insight into the world of training and employment.

- Observation, monitoring or surveillance of children must not remove reasonable privacy, and should allow as much privacy as is possible. ('Guide to the children's homes regulations including the quality standards', page 19, paragraph 3.36)

In particular, children should be afforded as much privacy as possible during initial body searches in the medical room.

- Staff should continually and actively assess the risks to each child and the arrangements in place to protect them. ('Guide to the children's homes regulations including the quality standards', page 42, paragraph 9.5)

In particular, ensure that all health risks are clearly identified and taken into consideration in each child's behaviour management plan.

- The registered person should ensure that staff can access appropriate facilities and resources to support their training needs and should understand the key role they play in the training and development of staff in the home. ('Guide to the children's homes regulations including the quality standards', page 53, paragraph 10.11)

In particular, ensure that all staff undertake self-harm awareness training.

- Any individual appointed to carry out visits to the home as an independent person must make a rigorous and impartial assessment of the home's arrangements for safeguarding and promoting the welfare of the children in the home's care. ('Guide to the children's homes regulations including the quality standards', page 65, paragraph 15.5)
- Staff should be familiar with the home's policies on record keeping and understand the importance of careful, objective, and clear recording. Staff should record information on individual children in a non-stigmatising way that distinguishes between fact, opinion and third-party information. Information about the child must always be recorded 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)

Inspection judgements

Overall experiences and progress of children and young people: good

Staff have an in-depth understanding of each child's needs. This is informed in part by specialist input and assessment from the home's therapeutic team. The multi-disciplinary team has a good skill mix; it is made up of staff who work well together. Collectively, the staff offer a range of interventions tailored to improve the children's physical, mental and emotional well-being.

Staff understand the needs of children well. They spend good-quality time with the children and build positive, nurturing relationships. Staff support and motivate children to engage in a range of constructive activities at the home and in the local community. Children recently participated in planned, well risk-assessed mobility, which included trips to the theatre, a rugby match, a local snooker hall and an awards ceremony.

Placing social workers commented positively on the care provided to children. One social worker described how a child has started to engage with help and education for the first time. This engagement has had a positive effect on the child's behaviour and his ability to learn. Another social worker described how a child has made excellent progress in regulating her emotions and learning practical independence skills.

The internal and external healthcare team provides a suitable and flexible range of primary care services and delivers healthcare without delay. Secondary health appointments are facilitated promptly when required. The health and therapy team and care provision are fully integrated. This is beneficial to children and helps to overcome fears and barriers to success.

Care practice is informed by Secure Stairs, and staff are supported through a further therapeutic model. Consequently, staff develop their understanding of the children's behaviour and development and the impact of previous childhood experiences. These models of care are well embedded in practice. Staff help children, including those who have the most complex needs, to make good progress from their starting points in relation to their emotional health and self-esteem.

Children participate in decisions about the care provided for them. They attend regular meetings with staff to share their views and ideas. Staff ensure that the feedback from children is used to make improvements to the service. Children have access to independent visitors, who provide a confidential space in which children can talk.

The provider makes good use of referral information when admitting children to the home. Managers take all reasonable steps to seek information and only admit children when they can safely meet their needs and those of the existing group of children. Managers and staff provide immediate care and assessment to make sure that children settle quickly and feel safe.

The support and care that staff provide prepare children to move back into the community. The arrangements for moving on are thoughtfully planned to give children the best chance of success.

The physical environment is adequate. It meets children's basic needs and provides suitable space to sleep and socialise. However, the environment is not yet consistent with the home's therapeutic model and lacks relatively homely touches that could make it cosier and more comfortable.

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

Children told the inspectors that they feel safe at the home. The children know that they can talk to staff if they have any concerns or worries. Children benefit from high levels of support and supervision provided by a staff team that is trained in safeguarding. Staff present as knowledgeable and confident in implementing the home's safeguarding policies. Swift action, including the involvement of external safeguarding agencies, is taken to report and address any safeguarding concerns and allegations. Therefore, children are listened to and kept safe.

Incidents involving physical restraint occur and are carried out in line with regulations. A rigorous management overview is undertaken following all restraints. Additionally, an independent safeguarding review is carried out monthly by an experienced individual.

Good-quality records are kept of all incidents.

The use of single-separation and managing children away from the group are appropriately used when children are presenting a risk to themselves or others. These interventions are appropriately monitored, ensuring that the measures used are proportionate and necessary. Detailed records are kept. The records state that staff maintain appropriate levels of supervision and make every effort to reintegrate the child back into the group.

Children's behaviour is assessed continually. Staff use a reward system to encourage positive behaviour. Children understand the system well and enjoy receiving rewards. One child said, 'I've got some rewards already. I think that it is a fair system.'

When children first arrive at the home, an initial body search is carried out in the medical room. However, the children are not provided with appropriate screens to afford them as much privacy as possible. The registered manager acknowledges this shortfall and has made a commitment to remedy it.

A coordinated and targeted system of key working enables the staff and children to work together to address the children's anxieties and meet the individual needs outlined in the children's plans. Children who display self-harming behaviours are helped to stay safe through effective risk assessments and well-considered staff responses. Plans are agreed with mental health practitioners, who provide direct support for children and information, advice and guidance for staff.

The home's care planning process includes arrangements to identify and address potential individualised risks to children in their day-to-day care and mobility. However, risks in relation to specific health conditions are not considered in the behaviour management plan for one child. This has not had any direct impact on the child, however it has the potential to do so.

Children are actively involved in the recruitment process. All staff are carefully checked before working at the home, which ensures that children are cared for by suitable people.

The effectiveness of leaders and managers: good

The registered manager is qualified and has a wealth of relevant experience. Strong leadership underpins improved outcomes and experiences for children. Effective partnership working with internal and external multi-disciplinary professionals helps to identify learning. The manager leads an enthusiastic team. The staff are passionate about their work and demonstrate a good understanding of children's needs. The staff spoken to during the inspection spoke highly of the support that they receive from the manager.

An efficient management team with clearly defined roles and responsibilities supports the manager. The staff in the management team work effectively, providing a holistic

multi-disciplinary approach to children's care. Strong advocacy for children and challenge to placing authorities support progressive transition planning for children.

There have been significant changes to the recruitment of staff following poor staff retention. Radical changes have resulted in a staff team that is stable and consistent. Staff commented on the benefits for staff and children. When new staff lack experience, shifts are well balanced with experienced staff. This ensures that new staff develop their practice through guidance from experienced staff, and therefore children are kept safe.

All care staff either have or are working towards a suitable level 3 qualification in the required timescales. Mandatory training and some additional specialised training have been undertaken. However, not all staff have received training in awareness of children who self-harm. Currently, if there is a concern about a child who is at risk of self-harm, the staff with the required training and experience provide care for this child, with support from untrained staff.

The manager has met the two recommendations made at the last inspection. The statement of purpose details the number of children that the home can care for and defines single-separation regimes clearly. The appointment of two business support workers ensures that necessary documents such as minutes from children's meetings are received. This supports effective quality assurance.

External monitoring occurs monthly. However, the reports can be repetitive in places. The reports lack examples of what the home does well and do not provide enough challenge. This fails to drive improvement and does not identify innovative alternatives to enhance the quality of care and experiences for children.

The implementation of an electronic system for record-keeping is embedded into practice and enables good oversight and managerial monitoring of the home. Case records are clear and detailed and reflect the work that is undertaken with the children. However, staff's recording in some files requires improvement. For example, the recording of one child's gender changed throughout one report. This is not acceptable, particularly given that the child may wish to access their own records.

Outcomes in education and related learning activities: requires improvement to be good

Most children make satisfactory or better progress from their starting points. Nearly all of the children achieve several unit accreditations and, when appropriate, functional skills qualifications in English and mathematics at entry level, level 1 or level 2. Children attend induction to education as soon as they arrive, so that they can attend education promptly. Teachers undertake literacy and numeracy baseline assessments of children so that they can ensure that the records of children's starting points are as accurate as possible. For some children who have more complex needs, the process is lengthy. During the inspection, three children were still being assessed in collaboration with the in-house child and adolescent mental health team.

The quality of teaching and learning is inconsistent across subject areas. Education staff develop good relationships with children and, in most instances, children engage and achieve at least at their expected levels. This was most evident in mathematics, art and English, where children were focused on bespoke tasks and received clear and constructive guidance from their teachers. In other lessons, objectives were not explicit and activities were not clearly aligned to course aims or linked to children's individual targets or abilities. It was unclear if children were making progress in these sessions. Some activities were insufficiently challenging and lacked creativity.

Monitoring and tracking systems regarding progress and achievement are appropriate and ensure that information about children's progress and attainment is recorded regularly and used to inform weekly tutorials. However, this information is not consistently applied during lessons. Children were unaware of their targets, and these were rarely discussed in activities. Work files were not organised sufficiently well enough to show the chronology of activities or targets set against each subject area, or whether activities had been successfully completed. The new marking system, when used, provides children with clear feedback and helpful suggestions. However, it was not clear if the marked work contributed to a specific target or learning goal.

Leaders and managers have developed an extensive curriculum that ensures that there is a good balance between academic and practical subjects. Practical subjects are popular. Children have enjoyed a range of activities including pancake making, movie making and film studies. Vocational lessons provide children with activities in design and technology, food technology, horticulture and hair and beauty, which they enjoy. However, there is limited reference or application to the world of training and work.

There are six children in the current cohort. Most of the lessons are taught to individual children or in groups of two. This clearly limits the scope and range of activities offered. Equality, diversity, 'Prevent' and British values are embedded across the curriculum. All of the children take unit awards in 'Prevent', internet safety and anti-bullying.

Relationships between staff and children are good. Behaviour is generally good. Attendance continues to be good overall. However, during the inspection, ill health and refusals disrupted a generally good attendance profile. Children enjoy their time in education and generally work safely and sensibly in activities.

Education is well managed. The education manager and positive interventions manager are working collaboratively to improve planning and delivery of teaching. This will better reflect the highly complex needs of children to ensure that they achieve the best outcomes. Lesson observations continue to identify good and weaker practice. However, more needs to be done to ensure that learning from these observations is implemented effectively and the quality of teaching, learning and assessment improves over time.

Information about this inspection

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).

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: SC046276

Provision sub-type: Secure unit

Registered provider: Devon County Council

Registered provider address: Kingsbridge Community College, 112 Fore Street, Kingsbridge, Devon TQ7 1AW

Responsible individual: Ms Jean Kelly

Registered manager: Darren Beattie

Inspectors

Natalie Burton, social care inspector

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