

1240936

Registered provider: Meadows Care Limited

Interim inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is owned by a private company. It is operated under a contract with a large children's trust. It is registered to provide care and accommodation for up to three young people who may have experienced trauma, placement breakdown and/or family breakdown.

The manager has been registered since May 2018.

Inspection date: 7 March 2019

Judgement at last inspection: requires improvement to be good

Date of last inspection: 23 May 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 declined in effectiveness.

This inspection was brought forward due to escalating concerns identified in safeguarding notifications and anonymous whistle-blowing reports received by Ofsted.

Young people are not safe in the home. This is because there are poor arrangements for managing risk and ensuring the safety of young people.

Since the last inspection, the registered manager has failed to take sufficient action to promote young people's safety and protect them from harm. For example, an ex-resident and his associates have made a number of serious threats of harm towards staff

and one young person. These have included threats to shoot and stab staff. The risk of harm was heightened as the front door of the home was left in a state of disrepair and was not secure for several days. This compromised the security of the home and left staff and young people at high risk of harm. Staff told the inspector that they had repeatedly asked senior managers to have the door repaired, as they were terrified.

An absence of basic, effective management oversight and communication places young people at risk. For example, staff reported that multiple threats have been made to the home, whereas the registered manager reported that there had only been two such incidents in total. One member of staff told the inspector that they had not slept when on sleep-in's due to the fear and the magnitude of the threats. The member of staff reported having to work 36 hours without adequate sleep. When this was raised with the registered manager, she was unaware of how tired and frightened the staff are.

Young people's risk assessments do not align with their needs. There is a significant concern about a sexual relationship between two young people in the home. Staff have not been given any risk management strategies for managing this relationship. Staff do not feel they have enough staffing resources to manage the risks associated with this relationship. For example, the young people's bedroom doors are alarmed in the evening to support the management of any overnight risks. However, some members of staff reported that they may not hear the alarms because they are so exhausted. Other staff told the inspector that they choose to stay awake throughout the night to try and prevent sexual activity between the two young people. The lack of adequate risk management and the insufficient numbers of staff mean that young people are exposed to ongoing high levels of risk.

One young person is at high risk of harm from a local gang. She recently told staff that there is a £50 reward 'on her head' for anyone who will physically assault and harm her. Despite the manager and staff knowing about this threat, the young person continues to have a high level of unsupervised time in the community. The registered manager considers that there are adequate safeguards in place on the basis that the young person answers her mobile phone when staff call her. This is not a robust or effective basis on which to manage these risks of harm. The manager also believes that the young person does not visit areas of particular risk during her unsupervised time. However, the young person told the inspector that she would still visit these areas if she needed to. The absence of a well-considered risk assessment combined with poor management oversight places the young person at a high level of risk.

Staff failed to safeguard one young person during a recent incident. The young person was with a gang and at a high level of risk. The young person told staff in a telephone call that she had been forced by the gang to take substances and that there was a risk that she could be stabbed. Staff failed to respond effectively to this immediate risk. They took no protective action and did not try to collect the young person and return her home. Instead, the members of staff relied on the police to respond to the young person's situation and as a result there was a significant delay in action being taken to safeguard her. This resulted in the young person not being collected until the afternoon of the following day by the police. The young person later disclosed to staff that she had

been raped during this incident. This incident is now the subject of a police investigation.

The staff rota shows that some staff are working excessive hours. In addition, there is a lack of clarity about the staffing ratios required to keep young people safe. Staff told the inspector that four staff are needed on each shift to keep young people safe. The registered manager disputed this figure. This level of disconnect and misinformation about such key matters exposes young people to high levels of risk.

Staff morale is low, with some staff feeling disrespected and unsupported by some members of the management team. They feel that staff handovers are not helpful and there is little time to reflect on their practice. Staff also feel that the quality of their inductions is very poor. This has left new staff vulnerable and ill-equipped to meet the complex needs of the young people.

Social workers reported that staff do not offer young people the consistent guidance, challenge and nurture that they need in order to resolve basic issues. For example, staff have frequently told one young person to contact her social worker for advice, without making any attempt to resolve the issue themselves. In another case, staff contacted a social worker at 10.30 in the evening for advice on how to manage their concerns for a young person. The registered manager does not always share key information with social workers. For example, social workers were unaware of the full extent of the threats to the home. Social workers are also unable to consistently access the home's electronic recording system to review incidents involving young people. The registered manager's reluctance to share information via email compounds this issue. This lack of joined-up care and information-sharing exposes young people to risk.

The registered manager told the inspector that she is concerned about the competency of the staff team. She feels that staff require frequent guidance to undertake basic care tasks, including the supervision of young people. During the inspection, the registered manager had to offer such guidance to staff on a number of occasions. The registered manager recently held an emergency staff meeting to address these significant shortfalls. Records of this meeting show that inconsistent staff practice led to a staff member being seriously assaulted by a young person.

The inspection identified evidence of how young people's distress results in significant damage to the home. For example, a young person has smashed their bedroom window, while another young person has destroyed an internal door.

The registered manager fails to provide adequate oversight and review of the care young people receive. This lack of oversight and support means that staff feel disillusioned. In addition, high staff turnover and poor communication mean that young people receive inconsistent care. One young person told the inspector that they don't know the staff anymore and it is 'sad that they keep leaving'.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
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23/05/2018	Full	Requires improvement to be good
02/11/2017	Interim	Sustained effectiveness
13/06/2017	Full	Requires improvement to be 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>The protection of children standard is that children are protected from harm and enabled to keep themselves safe.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that staff—</p> <p>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>have the skills to identify and act upon signs that a child is at risk of harm;</p> <p>manage relationships between children to prevent them from harming each other;</p> <p>understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person;</p> <p>take effective action whenever there is a serious concern about a child's welfare; and</p> <p>are familiar with, and act in accordance with, the home's child protection policies;</p> <p>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>	22/04/2019

<p>that the effectiveness of the home's child protection policies is monitored regularly. (Regulation 12(1)(2)(a)(i)(iii)(iv)(v)(vi)(vii)(b)(e))</p>	
<p>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>helps children aspire to fulfil their potential; and promotes their welfare.</p> <p>In particular, the standard in paragraph (1) requires the registered person to—</p> <p>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>ensure that staff work as a team where appropriate;</p> <p>ensure that staff have the experience, qualifications and skills to meet the needs of each child;</p> <p>ensure that the home has sufficient staff to provide care for each child;</p> <p>ensure that the home's workforce provides continuity of care to each child;</p> <p>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. (Regulation 13(1)(a)(b)(2)(a)(b)(c)(d)(e))</p>	<p>22/04/2019</p>
<p>The care planning standard is that children—</p> <p>receive effectively planned care in or through the children's home.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>(e) that the child's placing authority is contacted, and a review of that child's relevant plans is requested, if—</p> <p>(i) the registered person considers that the child is at risk of harm or has concerns that the care provided for the child is</p>	<p>22/04/2019</p>

inadequate to meet the child's needs. (Regulation 14(1)(a)(2)(e)(i))	
The registered person must— ensure that each employee completes an appropriate induction. (Regulation 33(1)(a))	22/04/2019

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'.

Children's home details

Unique reference number: 1240936

Provision sub-type: Children's home

Registered provider: Meadows Care Limited

Registered provider address: Egerton House, Wardle Road, Rochdale OL12 9EN

Responsible individual: Niel Shelmerdine

Registered manager: Samantha Goodrickmeech

Inspector

Gareth Leckey, social care inspector

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