

1272220

Registered provider: Tees-Valley Care Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home was registered in May 2018 to provide care and accommodation for up to four children and young people. A new manager has been in post since November 2018, and her manager application to register with Ofsted is being progressed. She is working towards achieving her level 5 qualification.

Inspection dates: 16 to 17 April 2019

Overall experiences and progress of children and young people, taking into account **requires improvement to be good**

How well children and young people are helped and protected **requires improvement to be good**

The effectiveness of leaders and managers **inadequate**

The children's home is not yet delivering good help and care for children and young people. However, there are no serious or widespread failures that result in their welfare not being safeguarded or promoted.

Date of last inspection: 23 October 2018

Overall judgement at last inspection: requires improvement to be good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
23/10/2018	Full	Requires improvement to be good
13/09/2018	Full	Inadequate

Inspection judgements

Overall experiences and progress of children and young people: requires improvement to be good

The children and young people receive a warm welcome when they move into the home, which makes them feel wanted. Friendly and caring staff champion the children's and young people's progress and praise their achievements. A young person's transition to another home following the placement breakdown was managed very well by the staff team. The impact of the trusting and supportive relationships and time invested in the young person before, during and after the transition significantly reduced the impact of the move. In relation to another young person's move to the home, the matching decision and communication between the manager and the social workers were not strong. There was not enough consideration given to how this placement would affect others already living at the home. The placement ended very quickly, following a serious incident in the home.

The majority of children's and young people's daily needs are well met, but not all of their cultural needs are consistently well met by all staff. The staff team works well with families to mitigate against the impact of cultural differences, wherever possible, through promoting and facilitating meaningful family contact and access to culturally appropriate diets. For some children from minority ethnic backgrounds, there are issues about how they are negatively viewed in the local community. This is not always helped by them being supervised by staff outside of the home when there is no legal requirement to do so. This practice is restricting children's freedom and rights and is preventing them from taking age-appropriate risks. Although this matter is being escalated with the local authority by the home's manager, so far, this is without positive impact.

Overall, the staff have developed some positive relationships with most children and young people, treating them with dignity and respect. This is a strength that helps children to develop self-esteem. A social worker said, 'They like and respect him [child], and have included him in [care staff] interviews.' Children and young people talk to staff about their life experiences and their feelings, and they are supported to talk about their future aspirations. Children and young people feel listened to and know how to complain if they are unhappy. Children are encouraged to share their views about the home and the care they receive through key-work sessions and meetings with them. However, the records do not make it consistently clear how children's and young people's views are then followed up or indicate how meaningful is the offer of them having access to an advocate.

Children's and young people's educational needs are not well met, which is stopping them from learning and reaching their goals. This is despite the strong efforts by the home to challenge the placing authorities and to provide learning opportunities in the home. The children's and young people's good participation in a range of activities provides a mixture of social and learning experiences that distract them from negative influences.

Staff promote children's and young people's emotional and physical health. Most access local primary healthcare services. Their good engagement in bespoke therapeutic sessions with the in-house clinicians is helping them to develop a more in-depth understanding of their life experiences so far. They are learning to better regulate their emotions. Children's and young people's positive engagement with drug and alcohol services is helping them to understand the impact of substance misuse and how to keep safe.

How well children and young people are helped and protected: requires improvement to be good

The children's and young people's individual vulnerabilities and risks are understood by the staff team. Overall, the individual written risk assessments have improved, but they do not identify all the known risks and the quality is not consistently good. The risk management strategies are not always followed. For example, some records do not consistently confirm that regular night-time checks are completed for children and young people who self-harm. Neither is the rationale made clear for discontinuing checks on other children and young people with self-harm risks. This does not promote safe care practice. Furthermore, the contextual safeguarding risks and vital links are not made explicitly clear in the clinically informed safety plans, which may lead to inconsistent practice and impede risk prevention.

Although children's and young people's experience of physical holds is rare, not all staff have implemented effective de-escalation techniques when managing some highly challenging and violent behaviours. Consequently, not all the conflict management strategies have been effective. It has resulted in some staff being hurt by some children and young people and the police being called for assistance to manage children's and young people's when de-escalation techniques should have been used. These situations have had a negative impact on the security of other children and staff in the home.

The response by staff is robust when children and young people have gone missing, and the number of missing incidents has been significantly reduced. Staff follow the regularly updated missing-from-care plans, which support the children's and young people's safe return. There are no current concerns about the children and young people being subjected to criminal and sexual exploitation, radicalisation and extremism or human trafficking.

Children confirm that they feel safe in the home. They do not report bullying at the home. However, the strategy and recording system to address bullying has not been developed and implemented by the provider, which prevents awareness raising in team meetings, children's meetings or individual key-worker sessions. This does not provide full assurance that all staff have a shared understanding about this aspect of risk.

The effectiveness of leaders and managers: inadequate

A new manager is in post. She has a fluent understanding of the needs of the children and she is a strong champion for their rights. This enables her to challenge the placing

authorities when their services to children are ineffective. A professional said, 'She's good, and I feel her positive presence.' Staff have confidence in the manager. They welcome the improvements made by her thus far, including clearer direction, an improved team culture, accountability and raised expectations with regards to professional practice.

A fundamental concern relates to the home's Statement of Purpose. It is not yet achieving its stated ethos and objectives. Not all staff understand the therapeutic models that underpin the document. This has led to some inconsistent and unprofessional practice in the staff team. A review to simplify the document and ensure that it is an accurate reflection of the home is being led by the manager.

While there are many benefits to having a clinical team, the clinical oversight and micro-management have been intrusive. For example, on occasions clinical staff have supervised care staff, which can lead to blurred boundaries. At times, this has undermined the manager's and the staff team's ability to deliver consistently good care to the children and young people and grow the service at a faster pace. The manager has recently started to gain management grip and is beginning to make some positive strides, but the enormity of the task means that there is still much to do. A strong infrastructure around the manager, with clear and decisive support from the provider, is vital to the success of the team to achieve consistently good outcomes for the children and young people.

Supervision practice is weak. Although the frequency of supervision has improved, not all senior staff receive regular supervision and not all supervisors delivering supervision have had supervision training. It is unclear how concerns about poor staff conduct have been handed over to the manager, how much is known and how they have been addressed. Supervision records provide very little discussion with staff about care plans or any changes to risk assessments when incidents occur. In some cases, discussions with staff about children and young people have not been held for several weeks. This practice does not support consistently good-quality staff supervision, and neither does it raise standards effectively.

The manager has started to implement quality of care monitoring procedures, but this is not yet effective. There is no system to consult children, parents, placing authorities or staff. This makes it difficult for the manager to fully review and evaluate the quality of care provided to children and young people. The manager has not always notified Ofsted about serious safeguarding incidents. This has impeded the regulator from monitoring and progressing lines of enquiry about the home's safeguarding practices.

The home environment looks tired. There is no visual representation of the children's or young people's presence around their home. Bedrooms lack personalisation. One of the bedrooms is in a poor state of repair, with broken furniture, damaged flooring and inadequate lighting. These areas of weakness do not give children and young people positive, visible messages about their worth.

The monitoring of people carrying out shadowing shifts is not robust. There is no shared

understanding about the supervision arrangements around the children and young people, which does not protect them, or the adults involved.

The manager has made progress in meeting a number of the 10 requirements made at the last inspection. This includes an improvement in staff recruitment procedures. The requirements that relate to the Statement of Purpose and risk management are not met. The requirements made in relation to aspects of care planning, quality and purpose of care and case recording are not fully met, and need further work. All the recommendations are met.

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 quality and purpose of care standard is that children receive care from staff who–</p> <p>understand the children's home's overall aims and the outcomes it seeks to achieve for children;</p> <p>use this understanding to deliver care that meets children's needs and supports them to fulfil their potential.</p> <p>In particular, the standard in paragraph (1) requires the registered person to–</p> <p>ensure that staff–</p> <p>understand and apply the home's statement of purpose;</p> <p>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>provide to children living in the home the physical necessities they need in order to live there comfortably.</p> <p>(Regulation 6(1)(a)(b), (2)(b)(i)(vi)(vii))</p> <p>Specifically, to:</p>	31/05/2019

<ul style="list-style-type: none"> ■ ensure that children and young people can take age-appropriate risks to be able to show that they can make safer choices and reduce the negative perception of them in the community. Review the safeguards so this can take place when it is appropriate to do so ■ ensure a consistent staff approach to learning and promoting children's and young people's cultural and linguistic background. ■ Specifically, ensure that the home is furnished, decorated and well maintained throughout, that all children's and young people's rooms are personalised, and that any damaged items are promptly repaired and replaced, to provide high-quality accommodation. 	
<p>The positive relationships standard is that children are helped to develop, and to benefit from, relationships based on—mutual respect and trust;</p> <p>an understanding about acceptable behaviour; and</p> <p>positive responses to other children and adults.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that staff—</p> <p>meet each child's behavioural and emotional needs, as set out in the child's relevant plans;</p> <p>help each child to develop and practise skills to resolve conflicts positively and without harm to anyone;</p> <p>help each child to develop the understanding and skills to recognise or withdraw from a damaging, exploitative or harmful relationship;</p> <p>understand how children's previous experiences and present emotions can be communicated through behaviour and have the competence and skills to interpret these and develop positive relationships with children;</p> <p>are provided with supervision and support to enable them to understand and manage their own feelings and responses to the behaviour and emotions of children, and to help children to do the same;</p> <p>de-escalate confrontations with or between children, or</p>	<p>31/05/2019</p>

<p>potentially violent behaviour by children;</p> <p>understand and communicate to children that bullying is unacceptable; and</p> <p>have the skills to recognise incidents or indications of bullying and how to deal with them. (Regulation 11(1)(a)(b)(c), (2)(a)(i)(iv)(vii)(ix)(x)(xi)(xii)(xiii))</p>	
<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>take effective action whenever there is a serious concern about a child’s welfare; and</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. (Regulation 12(1), (2)(a)(i)(iii)(vi)(b))</p> <p>Specifically, to:</p> <ul style="list-style-type: none"> ■ ensure that prospective staff visiting the home to carry out observation shifts are always supervised around the children and young people. This must be communicated to all staff on duty to ensure that there is a shared understanding of the expectations. ■ ensure a robust oversight of all children’s and young people’s risk management plans so they are of consistently good quality, identify all the risks and include clear links to contextual safeguarding. The plans must be followed in practice, show rationale for ceasing risk monitoring and confirm that discussions are held during staff supervision or team meetings to promote a shared understanding and consistently safe practice. 	<p>31/05/2019</p>
<p>The leadership and management standard is that the registered</p>	<p>14/06/2019</p>

person enables, inspires and leads a culture in relation to the children's home that–

helps children aspire to fulfil their potential; and

promotes their welfare.

In particular, the standard in paragraph (1) requires the registered person to–

use monitoring and review systems to make continuous improvements in the quality of care provided in the home.
(Regulation 13(1)(a)(b), (2)(h))

Specifically, to ensure that decisive action is taken to meet the above, and to:

- Formalise the residential care and clinical staff roles and responsibilities to ensure clear boundaries and lines of accountability. Keep this arrangement under review.
- Arrange for all staff, including the clinical staff, to receive contextual safeguarding training to inform the children's and young people's risk management plans and safeguarding practice.
- Improve the quality and content of the children's and young people's meeting records to clearly show how their wishes and feelings are responded to.
- Make a clear record showing how the offer for children and young people to access an advocate is made.
- Quality assure all records to ensure that they are completed appropriately and that all staff have read and understood the contents.
- Improve staff supervision records to ensure that they focus on children's and young people's experiences, needs, plans and feedback. Ensure that supervision records are recorded effectively and provide effective support, reflection and challenge, with clear action plans.
- Ensure that supervisors are appropriate and trained to supervise the residential care staff.
- Ensure that all staff benefit from regular supervision, in line with organisational policy.
- Produce a written development plan showing a clear focus on continually improving the experiences and outcomes for children and young people, with details of the actions taken

<p>to address weakness and the timescales for completion.</p>	
<p>The care planning standard is that children–</p> <p>receive effectively planned care in or through the children’s home; and</p> <p>have a positive experience of arriving at or moving on from the home.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure–</p> <p>that children are admitted to the home only if their needs are within the range of needs of children for whom it is intended that the home is to provide care and accommodation, as set out in the home’s statement of purpose. (Regulation 14(1)(a)(b), (2)(a))</p> <p>Specifically, to ensure that, when considering making a placement at the home, written matching considerations are always made and the social workers of the existing children and young people placed are consulted.</p>	<p>31/05/2019</p>
<p>The registered person must compile in relation to the children’s home a statement (‘the statement of purpose’) which covers the matters listed in Schedule 1.</p> <p>The registered person must–</p> <p>keep the statement of purpose under review and, where appropriate, revise it; and</p> <p>notify HMCI of any revisions and send HMCI a copy of the revised statement within 28 days of the revision. (Regulation 16(1)(3)(a)(b))</p>	<p>14/06/2019</p>
<p>The registered person must notify HMCI and each other relevant person without delay if–</p> <p>a child is involved in or subject to, or is suspected of being involved in or subject to sexual exploitation;</p> <p>an incident requiring police involvement occurs in relation to a child which the registered person considers to be serious;</p> <p>there is an allegation of abuse against the home or a person working there;</p> <p>a child protection enquiry involving a child–</p>	<p>31/05/2019</p>

<p>is instigated; or</p> <p>concludes (in which case, the notification must include the outcome of the child protection enquiry); or</p> <p>there is any other incident relating to a child which the registered person considers to be serious. (Regulation 40(4)(a)(b)(c)(d)(i)(ii)(e))</p>	
<p>The registered person must complete a review of the quality of care provided for children ("a quality of care review") at least once every 6 months.</p> <p>In order to complete a quality of care review the registered person must establish and maintain a system for monitoring, reviewing and evaluating–</p> <p>the quality of care provided for children;</p> <p>the feedback and opinions of children about the children's home, its facilities and the quality of care they receive in it; and</p> <p>any actions that the registered person considers necessary in order to improve or maintain the quality of care provided for children.</p> <p>After completing a quality of care review, the registered person must produce a written report about the quality of care review and the actions which the registered person intends to take as a result of the quality of care review ("the quality of care review report").</p> <p>The registered person must–</p> <p>supply to HMCI a copy of the quality of care review report within 28 days of the date on which the quality of care review is completed; and</p> <p>make a copy of the quality of care review report available on request to a placing authority, if the placing authority is not the parent of a child accommodated in the home.</p> <p>The system referred to in paragraph (2) must provide for ascertaining and considering the opinions of children, their parents, placing authorities and staff. (Regulation 45(1), (2)(a)(b)(c), (3), (4)(a)(b),j (5))</p>	<p>31/05/2019</p>

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 difference 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: 1272220

Provision sub-type: Children's home

Registered provider: Tees-Valley Care Limited

Registered provider address: Skelton Industrial Estate, Skelton-in-Cleveland,
Saltburn-by-the-Sea TS12 2LQ

Responsible individual: Daniel Johns

Registered manager: Post vacant

Inspectors

Jacqueline Malcolm, social care inspector

Tracey Metcalfe, Senior Her Majesty's Inspector

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