

# SC038719

Registered provider: Hampshire 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. It is approved by the Department for Education to restrict children's liberty. As well as the living accommodation, there are dedicated facilities on site for education. The children's home can accommodate up to 16 children who are aged between 10 and 17 years. Children are the subject of section 25 of the Children Act 1989 and placed by local authorities.

Admission of any child under 13 years under section 25 of the Children Act, 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.

The manager has been in post since August 2017.

**Inspection dates:** 14 to 15 May 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

Health services good

The effectiveness of leaders and managers requires improvement to be good

Outcomes in education and related learning activities good

**Date of last inspection:** 26 February 2019

**Overall judgement at last inspection:** sustained effectiveness

**Enforcement action since last inspection:** none

## Recent inspection history

<b>Inspection date</b>	<b>Inspection type</b>	<b>Inspection judgement</b>
26/02/2019	Interim	Sustained effectiveness
13/11/2018	Full	Requires improvement to be good
14/02/2018	Interim	Declined in effectiveness
25/04/2017	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 leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children’s home that— promotes their welfare.</p> <p>In particular, the standard in paragraph (1) requires the registered person to— ensure that staff work as a team where appropriate; and use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13(1)(b)(2)(b)(h))</p> <p>This is with reference to ensuring that monitoring of records and incidents is more thorough and better organised.</p>	12/07/2019
<p>The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children’s home.</p> <p>In particular the registered person must ensure that— medicines kept in the home are stored in a secure place so as to prevent any child from having unsupervised access to them; 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 a record is kept of the administration of medicine to each child.</p> <p>Paragraph (2) does not apply to medicine which— is stored by the child for whom it is provided in such a way that other persons are prevented from using it; and may be safely self-administered by that child. (Regulation 23 (1)(2)(a)(b)(c)(3)(a)(b))</p> <p>This is in relation to ensuring that children take their medication at the times which have been identified by health professionals, and that records</p>	12/07/2019

<p>of medication that is in stock in the medical room are up to date.</p>	
<p>The registered person must recruit staff using recruitment procedures that are designed to ensure children’s safety.</p> <p>The registered person may only— employ an individual to work at the children’s home; or if an individual is employed by a person other than the registered person to work at the home in a position in which the individual may have regular contact with children, allow that individual to work at the home, if the individual satisfies the requirements in paragraph (3).</p> <p>The requirements are that— the individual is of integrity and good character; the individual has the appropriate experience, qualification and skills for the work that the individual is to perform; the individual is mentally and physically fit for the purposes of the work that the individual is to perform; and full and satisfactory information is available in relation to the individual in respect of each of the matters in Schedule 2. (Regulation 32 (1)(2)(a)(b)(3)(a)(b)(c)(d))</p> <p>This is in relation to ensuring that the correct information is available and has been checked for all members of staff working in the home, including agency staff.</p>	<p>12/07/2019</p>
<p>The registered person must keep the behaviour management policy under review and, where appropriate, revise it.</p> <p>(3) The registered person must ensure that— (a) 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— (v) details of any methods used or steps taken to avoid the need to use the measure; (vii) the effectiveness and any consequences of the use of the measure; and (viii) a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure; (b) 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”)— (i) has spoken to the user about the measure; and (ii) has signed the record to confirm it is accurate. (Regulation 35 (2) (3)(a)(v)(vii)(viii)(b)(i)(ii))</p> <p>In particular, the provider should make clear what steps are taken to avoid the use of physical intervention. The registered person should monitor the</p>	<p>12/07/2019</p>

<p>use of all instances of physical intervention and sign the physical intervention record to confirm it is accurate.</p>	
<p>The registered person must ensure that an independent person visits the children’s home at least once each month.</p> <p>When the independent person is carrying out a visit, the registered person must help the independent person— if they consent, to interview in private such of the children, their parents, relatives and persons working at the home as the independent person requires; to inspect the premises of the home and such of the home’s records (except for a child’s case records, unless the child and the child’s placing authority consent) as the independent person requires.</p> <p>A visit by the independent person to the home may be unannounced.</p> <p>The independent person must produce a report about a visit (“the independent person’s report”) which sets out, in particular, the independent person’s opinion as to whether— children are effectively safeguarded; and the conduct of the home promotes children’s well-being.</p> <p>The independent person’s report may recommend actions that the registered person may take in relation to the home and timescales within which the registered person must consider whether or not to take those actions. (Regulation 44 (1)(2)(a)(b)(3)(4)(a)(b)(5))</p> <p>In particular, ensure that reports are written in a timely manner so that shortfalls can be addressed promptly.</p>	<p>12/07/2019</p>

## Recommendations

- 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 access to information and communication technology (ICT) is improved so that teachers and children can benefit from enhanced online access to learning resources and children can achieve qualifications in ICT.
- 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, the whole centre should review and address persistent school refusal in order to ensure that attendance to, and participation in,

education is the expected norm.

- 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, leaders and managers should ensure that all efforts are made to keep disruption within education to a minimum during a period of impending change, such as school refurbishment or potential staffing adjustments.
- Children's homes should work closely with health and education professionals to ensure that outcomes identified, and progress made by children in building relationships and achieving socially acceptable behaviours can be recorded and measured. ('Guide to the children's homes regulations including the quality standards', page 38, paragraph 8.4)  
 This is in relation to ensuring that, where relevant, there is evidence that health professionals' views are included in key documents such as risk assessments. In addition, the role of the health team in supporting children and staff in physical interventions should be clearer.
- Staff skills for safeguarding should include being able to support children in strategies to manage and reduce any risks they face within the home and when released into the wider community. ('Guide to the children's homes regulations including the quality standards', page 43, paragraph 9.10)
- Sufficient staff means a home having enough suitably trained staff (including someone in a management role) on duty to meet the assessed needs of all children in the home, and those staff are able to respond to emergency placements, where accepted. The registered person must demonstrate every effort to achieve continuity of staffing so that children's attachments are not overly disrupted, including ensuring that the employment of any temporary staff will not prevent children from receiving the continuity of care they need. ('Guide to the children's homes regulations including the quality standards', page 51, paragraph 10.1)  
 This is with specific reference to ensuring that the use of agency staff does not compromise the continuity of care and that managers are satisfied that agency staff have the relevant experience and skills.
- It is good practice for a note of the content and/or outcomes of supervision sessions to be kept and to ensure that both the person giving the supervision and the staff member have a copy of the record. ('Guide to the children's homes regulations including the quality standards', page 61, paragraph 13.4)  
 This is with reference to supervision records being clear and made available in a timely way to the staff involved.
- Staff should be familiar with the home's policies on record-keeping and understand the importance of careful, objective and clear recording. ('Guide to the children's homes regulations including the quality

standards', page 62, paragraph 14.4)

Specifically, ensure that records contain the information needed and cross reference accurately with each other, and that there is evidence that they have been checked by managers.

## Inspection judgements

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

Shortfalls in the effectiveness of leadership and management and how well children are helped and protected have, for a period, had a detrimental effect on their overall experiences and progress.

Although at the time of the inspection the atmosphere was calmer, behaviour displayed by some children living in the home has previously been disruptive and very challenging for the adults caring for them, and for other children living there. Significant high-risk incidents became a common occurrence. In order to manage the risk, managers increased the staffing levels, and this meant a greater proportion of agency staff were working in the home. Children found this period unsettling. They said that they were not given the support they felt they needed and that they did not always like being looked after by agency staff who did not know them. This compromised continuity and undermined the quality and stability of care children experienced.

Children know how to raise a complaint and they are confident that their complaints are listened to and taken seriously. However, they do not always know what actions have been taken in response. Records do not consistently include information about the outcome of the complaint or confirm that the child has received feedback.

Children are encouraged to make choices about their daily lives, and their wishes and feelings are sought in a variety of ways. Some of this feedback is used well, some is used less effectively. Leaders and managers recognise this weakness and have introduced a new forum to gain the views of children. Community meetings now provide an opportunity for children to share their ideas with members of staff from the health, education and care teams.

Children feel that their choice of activities has become repetitive. For example, children often watch DVDs, play on electronic devices, listen to music and play in the sports hall or garden. They say that they enjoy the relaxation and reflection activities that have recently been introduced, but they are less enthusiastic about the seven-day activity programme, saying that they are bored of doing the same things.

Children enjoy positive and meaningful relationships with most of the permanent staff members. Children can identify a staff member who they trust and feel secure with. The core staff know the children well and speak positively about the achievements the children have made since they moved

in. Similarly, two children told the inspector that they felt their confidence had grown and that they are able to manage their behaviour more positively since living here. The atmosphere in the home is now relaxed and positive.

Since the last inspection, leaders and manager have appropriately reduced occupancy levels in the home in order to give them time to complete the extensive building work to improve the facilities for children. Staffing and occupancy levels were also adjusted to reflect the challenges faced by some due to the extraordinary behaviours displayed by a small group of children.

External professionals, such as social workers, spoke positively of the services and quality of care provided to the children. They confirmed that care plans are being met, communication is good, and the management team responds positively to feedback and requests.

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

There have been a high number of behaviour management incidents and physical interventions in recent months. This is partly due to the complex needs of the children placed in the home and the dynamics of the group. A high number of agency staff have been used to manage these incidents. This has had a negative impact on the quality of care and children's experience of security and stability.

This situation has recently improved due to some children moving on. There is now a relatively small, stable group who get on better with each other. Consequently, incidents have reduced and there is now less reliance on temporary staff.

Records of behaviour management incidents and physical interventions are not consistently of high quality. Records are fragmented, and the registered manager does not consistently have oversight of the whole incident when monitoring the quality of care and the use of restrictive physical interventions. In one example, it was unclear whether a child had been injured during a physical intervention. The information that was needed to clarify this was contained in different records. It is not always clear in the records what efforts staff have made to reduce the need for physical intervention. This is a missed opportunity to reflect the efforts made by members of staff in these circumstances.

When children are removed from the group and secured in their rooms, staff closely monitor their well-being and only keep children separated for as long as is necessary to keep them and others safe.

Children know how to raise concerns and their views are taken seriously. The provider responds promptly to incidents of concern and works effectively with the relevant safeguarding network to keep children safe. Feedback from placing social workers and safeguarding professionals is positive regarding the effective sharing of concerns, which helps to ensure that children are



protected.

The core staff know the children well. They understand the needs of each child and have clear strategies in place to encourage them to make positive choices. The health and well-being team and key workers offer direct work on subjects such as keeping safe from exploitation and gangs. Despite staff efforts, not all children engage in this work. This means that some children do not undertake activities that are designed to help them address harmful behaviours and make safer choices when they go back into the community.

Staff speak fondly of the children and provide nurturing care. Children value the positive relationships that they have with core staff and report feeling safe in the home.

The security in the home is effective. The communal space is open and children have space to move around without compromising security or safety. Staff provide a high level of supervision and there have been no incidents of children absconding from the home.

### **Health Services: good**

Although the health and well-being team currently has several vacancies, it meets the needs of the children who are living at the home, and the work of these professionals is valued and understood by the children.

Effective elements of the 'Secure Stairs' reform project are already in place to support care staff's work with the children. This includes weekly case formulation meetings and reflective practice sessions, multi-disciplinary team case discussions, and health and well-being staff being visible and available to staff and children on the units.

A registered nurse has recently joined the health and well-being team as a mental health practitioner, and the occupational therapist's hours have increased significantly. These professionals add to the skills mix of the team and its ability to support the work of the home.

The health and well-being team does not currently contribute directly to the home's 'live' documents on each child, such as risk assessments. Instead, it provides information that is then used by care staff. However, care plans addressing children's specific needs are created by health staff and shared with unit staff. Health promotion work is delivered individually by the nurse and this is directly linked to children's identified needs.

The psychologist leads on creating helpful 'social stories' to support the children's understanding about interventions or treatment.

Two experienced recovery workers support children on the units and lead twice-weekly evening activities that are focused on relaxation and creativity. These workers also undertake substance misuse and child sexual exploitation interventions with the children.

A psychiatrist attends the home fortnightly to review cases and monitor

children and their prescribed medicines. When appropriate, the times that medicine is administered has been amended for individual children to ensure that they are still able to engage with education and activities. However, during the inspection, medicine was administered later than agreed to one child. This impacted on their alertness in lessons the following day.

Children's prescribed and non-prescribed medicines are ordered, managed and administered by care staff with pharmacy support and informal oversight from the healthcare team. Doses given are recorded appropriately, including when a child refuses their medication. However, medicine stocks are not always reconciled accurately.

The comprehensive health assessment tool (CHAT) is used to assess the health needs for each child within a day of arrival. This is useful in guiding staff in planning interventions and meeting children's health needs.

When the nurse is not on site, care staff use the National Health Service 101 telephone line and emergency services as required. However, records suggest that 'non-physical' health team members have on occasion been requested by the care team to complete physical health observations following restraint. This is not always appropriate because the non-physical health team members do not always have medical expertise in assessing injuries.

Visiting health specialists visit the centre when required. Children are escorted to external appointments for assessments and treatment of conditions that cannot be fully managed on site. The physical nurse can source support from local hospital teams for specific conditions such as epilepsy.

The health and well-being team is appropriately involved in discharge planning and in drawing up a summary which is sent to the child's social worker, new GP and local children in care nurse.

The home's usual medical room is currently out of use owing to building refurbishments, but minor treatments and medicines are being managed appropriately in a temporary room.

The health and well-being team does not have a dedicated space to deliver therapeutic interventions. Although the team can usually find a free room, these are not always appropriate, owing to a lack of privacy, external noise, or other distractions within the room. This can impact on the effectiveness of the work being undertaken with the children.

### **The effectiveness of leaders and managers: requires improvement to be good.**

The registered manager and staff team work hard to support the children in their care. The core team of staff has worked tenaciously to support the children during a very challenging period. There has been a reliance on the

use of agency staff, especially during night duties, and this has undermined the efforts to provide consistent care and stability.

Recruitment practice has been amended in order to better identify staff with the resilience that is needed to work in this environment. However, this practice has not yet had time to embed and to prove its effectiveness.

Internal monitoring has at times been weak. For example, some written records lack clarity and shortfalls have not always been addressed. Analysis of incidents can be difficult as records relating to one incident are often kept in different areas. This makes auditing and tracking difficult for managers, particularly if the records have been checked by different members of staff.

Records that are kept about agency staff are scant and do not provide evidence that these staff have the necessary experience and knowledge to work in the home. There is a reliance on a checklist provided by the agency and this does not contain enough information to meet regulatory requirements.

While not all staff have received supervision sessions in line with the agreed policy, feedback from members of staff regarding management support is very positive. Supervision records lack detail and do not clarify how issues have been explored or addressed.

There was a serious shortfall in staff practice during some night duties. This involved members of agency and permanent staff bringing electronic devices on shift with them. This included mobile telephones and electronic tablets, despite these being identified as prohibited items in the home's policies and procedures. This has been the subject of an internal investigation which has shown that this practice was naive but not malicious. Measures are now in place to prevent a reoccurrence. Samples of checks carried out by night care staff show conscientious adherence to risk-minimisation plans. The small night-care team has only had one team meeting in over a year; this means that any practice or consistency issues are more difficult to monitor and improve. There are plans in place to improve this but the new arrangements have not yet become embedded in practice.

At the last inspection, a requirement was made in relation to ensuring that reports made after visits by the independent person were made available promptly. This has not happened and as a result external monitoring of the home has not been robust. Managers fully acknowledge this shortfall.

While managers are aware of the challenges they face and have plans in place to address these, these plans have yet to translate into sustained improvement across the service.

### **Outcomes in education and related learning activities: good.**

Children continue to make good progress and achieve at least one level higher in English and mathematics from their starting points. Other

qualifications are achieved in art, food technology, design technology and physical education (PE). Induction to education is thorough, although information from most local authorities continues to be scant. The initial assessments identify base levels in literacy and numeracy and this helps children to settle into education that matches their learning needs.

The English teacher will commence the role of special educational needs coordinator from September 2019. One-to-one teaching sessions have been implemented for a minority of children and this has ensured some progression during their stay. Current low numbers ensure that all children receive a high level of educational support to help them make good progress.

The quality of teaching and learning is good. The most recent focus on practice and learning outcomes has augmented fresh impetus and rigour across all subject areas. Teachers plan well and ensure that the learning objectives and resources they use reflect the needs and aspirations of each child.

Children achieve a good range of academic, practical and interpersonal skills. Activities are sufficiently challenging and stimulating to ensure that children engage and achieve well. Children's progress is monitored and tracked effectively and is discussed with them regularly. Children's work is well organised; marking is prioritised, and teachers offer helpful suggestions and guidance to support further improvement. Learning support assistants continue to provide very good support and deliver a range of activities in and out of school which are valued by staff and children alike.

Feedback from lesson observations and learning walks is used effectively to improve performance; additionally, external observations are undertaken by school improvement officers from the local authority. Staff have increased their involvement in professional development and curriculum initiatives, a clear improvement since the last inspection, and this is adding significant value to children's experiences and achievements.

The curriculum provides a good balance of academic and practical subjects, including the core subjects of English and mathematics, science, personal, social and health education (PSHE), creative arts, drama, design technology, food technology and PE. Hair and beauty, sports leadership and hospitality and catering are offered as vocational subjects and are appropriate for the resources available. ICT is still unavailable but work to address this is soon to be implemented. Thematic work often highlights topical and world events; in this way, topics such as issues of equality, diversity and British values are regularly addressed. The afternoon sessions now offer option choices in a variety of practical activities and children said they really enjoyed this time.

Good relationships between staff and children ensure that most children attend regularly and engage well. Incidents of poor behaviour are infrequent and occasional inappropriate language is challenged quietly and effectively.

Time-out periods are used when concentration spans lapse, and the recent reduction from 55-minute to 40-minute lessons is proving to be more manageable for most children. One persistent refuser to education is not only

having a detrimental impact on her own personal and social development but is also affecting delivery across the curriculum.

Education continues to be well managed. Recent staff development initiatives have been highly effective in further strengthening teaching approaches to support children's learning.

Staff have sustained their enthusiasm for their work and continue to achieve good outcomes for children, often under highly charged and stressful conditions. The recent decision by the local authority to restructure the staffing conditions has been unsettling. Furthermore, the imminent refurbishment of the education block, which will not be completed until mid-autumn term 2019, is likely to create additional disruption.

## **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'.

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:** SC038719

**Provision:** Children's home

**Provision sub-type:** Secure unit

**Registered provider:** Hampshire County Council

**Registered provider address:** 3rd Floor, Elizabeth II Court North, The Castle, Winchester, Hampshire SO23 8UG

**Responsible individual:** Amber James

**Registered manager:** Sophia Mathias

## Inspectors

Paul Taylor, social care inspector

Sharron Escott, social care inspector

Lee Kirwin, social care inspector

Stella Butler, HMI FES.

Catrina Reeves CQC- Health and Justice Inspector

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