

SC035500

Registered provider: South Gloucestershire Council

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This secure children's home is operated by a local authority and is approved by the Secretary of State to restrict children's liberty. The children's home can accommodate up to 24 children who are aged between 10 and 18 years.

All of the places available at the children's home are commissioned on a contractual basis by the Youth Custody Service (YCS). The YCS may under certain circumstances permit local authority children's services to spot purchase a vacant bed at the children's home, to enable a local authority to place a child on welfare grounds under section 25 of the Children Act 1989. Admission of any child who is under 13 years of age under section 25 of the Children Act 1989 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 current manager successfully registered with Ofsted for this children's home in July 2015 and holds suitable qualifications for this role.

Inspection dates: 4 to 5 June 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 **inadequate**

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

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: sustained effectiveness

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
23/10/2018	Interim	Sustained effectiveness
10/04/2018	Full	Requires improvement to be good
07/12/2017	Interim	Sustained effectiveness
04/07/2017	Full	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 quality and purpose of care standard is that children receive care from staff who understand the children's home's overall aims and the outcomes it seeks to achieve for children; and 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 ensure that staff—</p> <p>provide personalised care that meets each child's needs, as recorded in the child's relevant plans, taking account of the child's background. (Regulation 6 (1)(a)(b)(2)(b)(iv))</p> <p>This is with particular regard to ensuring that children's care plans and identified targets are individual to each child.</p>	05/08/2019
<p>The quality and purpose of care standard is that children receive care from staff who understand the children's home's overall aims and the outcomes it seeks to achieve for children; and 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 the premises used for the purposes of the home are designed and furnished so as to meet the needs of each child. (Regulation 6 (1)(a)(b)(2)(c)(i))</p> <p>This is with particular regard to ensuring that the children's bedrooms are decorated, cleaned and personalised to a suitable standard where appropriate.</p>	05/08/2019
<p>The positive relationships standard is that children are helped to develop, and to benefit from, relationships based on mutual respect and trust; an understanding about acceptable behaviour; and positive responses to other children and adults.</p>	05/08/2019

<p>In particular, the standard in paragraph (1) requires the registered person to ensure that staff—</p> <p>help each child to develop socially aware behaviour;</p> <p>encourage each child to take responsibility for the child’s behaviour, in accordance with the child’s age and understanding;</p> <p>communicate to each child expectations about the child’s behaviour and ensure that the child understands those expectations in accordance with the child’s age and understanding; and</p> <p>that each child is encouraged to build and maintain positive relationships with others. (Regulation 11 (1)(a)(b)(c) (2)(a)(ii)(iii)(v)(b))</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 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>ensure that the home has sufficient staff to provide care for 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; and</p> <p>use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(a)(b)(2)(d)(f)(h))</p>	05/08/2019
<p>The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children’s home. (Regulation 23 (1))</p> <p>This is with particular regard to ensuring that there are effective systems in place to monitor and record the fridge temperature and that all medication is kept securely.</p>	05/08/2019
<p>The registered person must ensure that 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</p>	05/08/2019

<p>details of the child’s behaviour leading to the use of the measure;</p> <p>a description of the measure and its duration;</p> <p>details of any methods used or steps taken to avoid the need to use the measure;</p> <p>the effectiveness and any consequences of the use of the measure; and</p> <p>a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure. (Regulation 35 (3)(a)(ii)(iv)(v)(vii)(viii))</p> <p>In particular, the provider must ensure that records of the type of holds used are accurate and that the threshold for physical intervention is clearly demonstrated.</p>	
<p>The registered person must ensure that 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”)</p> <p>has spoken to the user about the measure;</p> <p>has signed the record to confirm it is accurate; and</p> <p>within 5 days of the use of the measure, the registered person or the authorised person adds to the record confirmation that they have spoken to the child about the measure. (Regulation 35 (3)(b)(i)(ii)(c))</p> <p>In particular, the provider must ensure that the views and experiences of children are sought to inform and improve practice.</p>	05/08/2019
<p>The registered person must review the appropriateness and suitability of the location of the premises used for the purposes of the children’s home at least once in each calendar year taking into account the requirement in regulation 12(2)(c) (the protection of children standard). When conducting the review, the registered person must consult, and take into account the views of, each relevant person. (Regulation 46 (1)(2))</p>	05/08/2019

Recommendations

- Ensure that children’s basic day to day needs and physical necessities are met.

(‘Guide to the children’s homes regulations including the quality standards’, page 15, paragraph 3.7) This is with particular regard to ensuring that children have sufficient bedding.

- Children should be able to maintain and develop their cultural or religious beliefs as far as practicable and where appropriate, through participation and instruction, and by observing religious requirements including dress and diet. (‘Guide to the children’s homes regulations including the quality standards’, page 17, paragraph 3.22) This is with particular regard to ensuring that children are provided with a varied menu that meets their individual cultural needs.
- The ethos of the home should support each young person to learn. (‘Guide to the children’s homes regulations including the quality standards’, page 29, paragraph 5.18) In particular, leaders and managers need to support teaching staff to improve the way they plan learning to ensure that children maximise their learning time, managing poor behaviour robustly and constructively.
- The ethos of the home should support each young person to learn. (‘Guide to the children’s homes regulations including the quality standards’, page 29, paragraph 5.18) In particular, leaders and managers need to focus on delivering a fuller education experience, over and above academic achievement, ensuring that they define children’s starting points across the broad range of skills, behaviours and attitudes that they need to develop, monitoring how they are progressing and supporting them to reach their full personal and social potential.
- The ethos of the home should support each young person to learn. (‘Guide to the children’s homes regulations including the quality standards’, page 29, paragraph 5.18). In particular, leaders and managers need to support teaching staff to devise clear ways of identifying and capturing what children have learned to do in the non-accredited areas so that they can use this information when they apply for further training, studies or employment in the community.
- The ethos of the home should support each young person to learn. (‘Guide to the children’s homes regulations including the quality standards’, page 29, paragraph 5.18) In particular, teaching staff should improve the quality of the feedback they offer children so that they know how to improve their work.
- The registered person is responsible for ensuring that each child’s day-to-day health and well-being needs are met. (‘Guide to the children’s homes regulations including the quality standards’, page 33, paragraph 7.3) This is with particular regard to ensuring that all information is recorded accurately on the relevant recording system.
- Staff should continually and actively assess the risks to each child and the arrangements in place to protect them. Where there are safeguarding concerns for a child, their placement plan, agreed between the home and their placing authority, must include details of the steps the home will take to manage any

assessed risks on a day-to-day basis. ('Guide to the children's home regulations including the quality standards', page 42, paragraph 9.5) Specifically, any health-related concerns that increase the risk of harm with the use of physical intervention, need to be clearly identified and considered as part of individual risk assessments.

- Children in secure children's homes should only be placed in single separation when necessary to prevent injury to any person (including, for example, the child who is being restrained) or to prevent serious damage to the property of any person (including the child who is being restrained). A record should be made and kept of all uses of single separation in secure children's homes (regulation 17 of The Children (Secure Accommodation) Regulations 1991). Children should be offered the opportunity to read and add a comment to the record of their separation. ('Guide to the children's homes regulations including the quality standards, page 50, paragraph 9.65) In particular, records must demonstrate that the threshold for single separation is frequently reviewed and continues to be met. Children should not be locked in their rooms without meeting the threshold unless this is part of normal bedtime routines.
- Staff should keep and encourage children to keep appropriate memorabilia of the time spent living at the home and help them record significant life events. ('Guide to the children's homes regulations including the quality standards', page 62, paragraph 14.5)

Inspection judgements

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

Children engage well in direct-work sessions around their individual circumstances. This includes specific offence-related work, when required. However, daily group work is less effective. This is because duty managers do not consistently deploy sufficient numbers of staff to undertake or support these sessions. Consequently, there are occasions when staff struggle to motivate and engage children in these programmes. This is detrimental to children's progress.

Staff assess children's needs, behaviours and risks at the point of admission. Case managers devise care plans to inform staff about the children and to highlight the key aims and objectives of the placement. Nevertheless, children's targets are often generic and do not take account of their individual circumstances or anxieties. This means that for some children, their targets are currently unachievable, and for others, these are not aspirational.

The communal living environment is clean and tidy. Major building and refurbishment work will start shortly, including the replacement of children's en-suite facilities. This will significantly improve children's individual washing facilities. However, some children's bedrooms have stained ceilings, chipped paint, graffiti and toothpaste on doors and walls. These rooms are unpleasant for children to spend time in and do not provide them with a homely or welcoming environment.

Staff restrict the items that some children can have in their bedrooms. This measure is appropriate and in line with potential self-injurious behavioural risk. For some of these children, this means that they require specialist bedding. Staff do not always ensure that children have an adequate supply of this bedding, leaving them to sleep on plastic mattresses that they say are uncomfortable. This does not provide children with the basic resources to ensure their comfort and well-being.

Children are provided with a nutritious choice of food and there is a vegetarian option available at every meal. Catering staff take account of any allergies that children may have. However, menu choices fail to meet the diverse cultural needs of the children living in the home.

The majority of children have positive relationships with the staff, and staff are generally responsive to their individual needs. A number of children said that staff help them to understand the reasons why they are in a secure children's home. Nevertheless, staff do not help children to create a helpful account of their time in the home or encourage them to collect memorabilia to remind them of their positive experiences and achievements.

Staff work hard to build good relationships with children's families. They support children

to have contact with their families and people who are significant to them. This helps children to maintain essential support networks. Arrangements for children's transition and resettlement are good. A dedicated worker consults with children and ensures that they have access to external agencies to advocate for their rights, if this is required.

Staff provide children with a consistent daily routine. Children engage in a wide range of enrichment activities and these motivate them to develop new skills, hobbies and interests. This helps children to grow in self-esteem and confidence.

Volunteer mentors visit the home regularly to provide children with additional support or alternative therapies, such as pet therapy. This gives children the opportunity to build relationships with people outside of their usual social circle and to develop their interaction skills.

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

There are considerable shortfalls in the home's practice in relation to the use of physical restraint. The frequency of the use of restraint to manage behaviours remains high. Recording in relation to these incidents is not consistently of a good standard. For example, staff do not always clearly record the types of restraint holds used.

Managers and staff do not always speak to children following incidents of restraint. This misses opportunities for managers to use children's views and experiences to improve practice. A child reported to inspectors that he experienced pain during a recent restraint. A review of the closed circuit television (CCTV) of this incident shows that staff used a wrist hold that, although an authorised technique, carries a higher risk of causing pain than some other holds. The management review of this incident did not identify this as a possible concern. Managers did not explore any possible reflective learning to ensure that staff always apply the highest standards of practice or that the holds used to restrain children are the most appropriate.

In some instances, restraint is used to move children away from an area to allow other children to move around the building, or to enable children to leave a situation. It is not always clear from records that this is done to avoid serious risk of harm, rather than for reasons of compliance.

The majority of the physical restraints reviewed by inspectors were proportionate, necessary and used to prevent harm to the child or others. However, the monitoring of restraint records and restraint practice, by managers, is inconsistent. This does not ensure that learning takes place or that any potential risks of harm are reduced.

Staff recordings relating to the use of single separation are generally poor. It is not always clear when staff review each period of separation. Consequently, it is difficult for managers to ensure that the use of this measure of control remains necessary to protect children from harm, or from harming others. Furthermore, some children are routinely locked in their bedrooms for short periods. This is because duty managers do not always

ensure that there are sufficient numbers of staff to supervise children during staff handovers. This is an inappropriate use of this measure of control.

Children reported feeling safe. Staff intervene quickly to protect them when serious incidents occur. However, staff do not always challenge lower-level behaviours such as bad language and inappropriate sexualised comments, or support children to build good relationships with each other. They do not consistently encourage children to develop socially acceptable behaviour or to take responsibility for their actions. This creates a risk that oppressive and unkind comments may be seen as 'the norm'. This increases the risk that bullying behaviours may go unchallenged.

Staff understand the risks and vulnerabilities in relation to each child. Safety plans are informed by a multidisciplinary team which includes health and adolescent mental health professionals. There are clear plans in place to reduce risks and to help children to make safer choices. However, in one example, risks in relation to the use of physical restraint for a child with epilepsy were not made explicit in his risk assessment. Although, in practice, staff understood how to meet his needs and keep him safe, this potentially placed the child at risk of harm.

Most children spoke positively about their relationships with staff. They could identify a trusted person to confide in and said that they felt that most staff genuinely cared about them. Despite the shortfalls in relation to the use of physical interventions, staff generally manage behaviours well and there is an open and positive culture in relation to safeguarding. Managers work effectively in partnership with the wider safeguarding network and take prompt action to escalate concerns.

Health services: good

Children benefit from quick access to a range of physical health services provided by the general nursing team and to other primary health services, such as a dentist and optician. A GP visits the home twice-weekly and there is a process in place for out-of-hours medical support. These robust arrangements promote children's health and well-being.

The health and well-being team also includes an occupational therapist, a learning disability nurse, a substance misuse worker and a speech and language therapist. These specialists work together to meet children's health needs. Relationships between children and the health and well-being team are good and children spoke positively about the overall healthcare service.

Health staff complete timely assessments using the Comprehensive Health Assessment Tool (CHAT). These help them to identify children's health and well-being needs and make referrals to other agencies when necessary. Health staff attend a weekly centre-wide multidisciplinary meeting where each child is discussed. Through these meetings, they help care staff and education staff to devise integrated support plans for children. This collaborative approach enables all relevant health professionals to contribute to children's care.

All children see a consultant psychiatrist on admission to the home and have access to psychological assessments and interventions when required. Health staff work in partnership with other health professionals, agencies and community services to collate information. This means that they are able to build a detailed picture of each child's health needs. However, health staff do not always record all contacts with medical professionals on children's electronic case files. This means that key information may be lost.

Care staff manage and administer children's medication. The health and well-being team provides some oversight, including weekly audits and investigations where errors have been found. However, the list of signatures for staff who administer medication is incomplete. Furthermore, not all errors on the medication administration records (MAR) have been addressed and staff do not monitor fridge temperatures daily to ensure that vaccinations are stored at the optimum temperature. This potentially places children at risk of harm.

Managers are making progress with the introduction of Secure Stairs, a multidisciplinary approach to assessment and planning. Senior managers across the service regularly review the implementation plan, and training is planned for the coming weeks to support this approach.

Health staff are well supported in their role. They receive regular practice-based and clinical supervision and are able to update their mandatory training. There are staff shortages within the health and well-being team. Although some posts have recently been filled, others have been advertised numerous times. Currently, this shortfall does not have an impact on children's health or well-being, although it may do in the future as children's health needs change.

Partnership working between care staff, health staff and education staff at all levels is now good. Individual teams now disseminate good practice to others. For example, the psychologist carries out reflective sessions to help all staff to look for alternative ways of working with children that may better meet their needs.

The effectiveness of leaders and managers: inadequate

The registered manager and senior leadership team have not taken sufficient action to address the requirements raised at the last inspection. This is detrimental to children's progress and their day-to-day experiences.

Managers continue to focus service monitoring on the collection of data and statistics. The analysis of this information does not include a qualitative assessment of children's experiences or include their thoughts and opinions. There is a lack of effective management oversight with regard to the use of physical restraint, and other measures of control. Monitoring systems incline managers to evaluate the frequency of incidents and related factors, such as the duration. These systems do not capture or consider the impact of these incidents on children's experiences or their progress. Currently, this

prevents senior leaders and managers from improving this aspect of the service.

Staff receive regular, practice-related supervision. They said that they feel supported in their role. Most staff have the skills, experience and qualifications to meet children's needs. Managers ensure that training programmes are relevant to the aims and objectives of the service, and accessible to all staff.

Managers do not ensure that there is always a sufficient number of staff to provide children with the care and support that they need. Staff rotas and the deployment of staff across the centre are based on a prescribed minimum ratio of staff to children. This approach does not consider the specific or more complex needs of the children who require additional support. Consequently, children's challenging behaviours can quickly escalate, often leaving staff to attempt to manage disruptive and aggressive behaviours in isolation. This places children and staff at risk of harm.

The centre's facilities team ensures that the physical environment is safe and compliant with health and safety policies and fire safety risk assessments. However, the safe area review to assess the suitability of the location of the home, and to identify risks within the vicinity, is incomplete. Within this document, managers do not consider any risk factor in the local community that may harm children when they are away from the centre.

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

Children access appropriate core subject lessons in English, mathematics and science. They receive a wide and varied curriculum that meets their needs and interests. Children benefit from an extensive lesson offer that includes art, food technology, design technology, music and religious studies. This helps to expand their knowledge and skills.

The service provides children with a broad and interesting vocational training provision. Courses include motor vehicle studies, hair and beauty, construction, and animal and garden sessions. The service has been without a qualified physical education (PE) instructor for the last four months. Managers continue to ensure that arrangements are in place to deliver required sports-related activities.

Managers place a strong emphasis on children attending education. As a result, attendance is good overall. The majority of children said that they enjoy their learning. Children with specific educational needs receive support from the qualified special educational needs (SEN) team. This means that all children can access the support they need to make progress.

Most children understand the importance of education and recognise the relevance of the subjects they are learning. This helps them to remain motivated to gain qualifications. However, managers have not fully addressed the previous recommendation about recording the skills that children gain in non-accredited areas. Teaching staff still do not adequately record what children have learned and what they

can now do as a result of attending these lessons. This detracts from children's overall developmental achievements.

All children have the opportunity to achieve English and mathematics qualifications. A high number of children are taking their GCSEs and functional skills qualifications this year. However, managers often focus excessively on academic achievement. They do not place enough emphasis on helping children to gain the broad set of skills, behaviours and attitudes that will support their wider learning and development.

Managers do not always adequately identify children's starting points with regard to English, or their personal and social learning needs. This means that teaching staff are unable to use this information to maximise specific learning, or to monitor the progress children make in improving in all these areas.

Teaching staff do not always manage classroom behaviour well. Some children use extremely offensive, sexual and racist language and this goes unchallenged. As a consequence, learning is disrupted for other children. Furthermore, not all teaching staff plan their lessons sufficiently to ensure that children remain engaged. This means that some children quickly lose focus and become rowdy.

The written feedback that teachers provide after marking children's work is not consistently helpful to children. For example, when marking work, teaching staff do not always detail where the errors are in the child's original answers to help them to understand why their answers were incorrect. In addition, teachers' feedback does not offer suggestions on how children can make better progress or improve on their written work. This shortfall prevents children from reaching their full potential.

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: SC035500

Provision sub-type: Secure Unit

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Responsible individual: Sonya Miller

Registered manager: Alison Sykes

Inspector(s)

Jo Stephenson, lead social care inspector

Natalie Burton, social care inspector

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Maria Navarro, HMI further education and skills

Catherine Raycraft, health and justice inspector, Care Quality Commission (CQC)

Nicola Lownds, social care inspector

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