

SC036740

Registered provider: Nottinghamshire 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. The children's home can accommodate up to 20 children, who are aged between 10 and 17 years.

It provides accommodation for up to 12 children placed by the Youth Custody Service and has up to eight places for children accommodated under section 25 of the Children Act 1989.

Admission of any young person under section 25 of the Children Act 1989 who is under 13 years of age requires the approval of the Secretary of State.

The commissioning of health services in this home is the statutory responsibility of NHS England under the Health and Social Care Act 2012. Education is provided on-site.

The manager has been registered with Ofsted since May 2018.

Inspection dates: 25 to 26 June 2019

Overall experiences and progress of children and young people, taking into account	inadequate
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How well children and young people are helped and protected	inadequate
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Health services	inadequate
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The effectiveness of leaders and managers	inadequate
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Outcomes in education and related learning activities	good
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There are serious failures that mean children are not protected or their welfare is not promoted or safeguarded.

Date of last inspection: 11 December 2018

Overall judgement at last inspection: sustained effectiveness

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
11/12/2018	Interim	Sustained effectiveness
17/07/2018	Full	Good
08/03/2018	Interim	Declined in effectiveness
23/05/2017	Full	Outstanding

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 ensure that staff—</p> <p>protect and promote each child's welfare;</p> <p>treat each child with dignity and respect.</p> <p>(Regulation 6 (1)(a)(b)(2)(b)(i)(ii)(iii))</p> <p>Specifically, ensure that children are helped to maintain a clean, tidy and safe bedroom that is suitably equipped to meet their individual needs.</p>	07/08/2019
<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 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>that the home's day-to-day care is arranged and delivered so as</p>	07/08/2019

<p>to keep each child safe and to protect each child effectively from harm;</p> <p>that the premises used for the purposes of the home are designed, furnished and maintained so as to protect each child from avoidable hazards to the child's health.</p> <p>(Regulation 12 (1)(2)(a)(i)(iii)(b)(d))</p> <p>Specifically, ensure that staff have enough knowledge of each child's needs, behaviours, risks and vulnerabilities, as outlined in the child's individual plans, and that staff follow these plans to promote each child's safety, routinely assessing the environment and removing any items that pose a risk to children.</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</p> <p>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 the home has sufficient staff to provide care for each child;</p> <p>ensure that staff have the experience, qualifications and skills to meet the needs of each child;</p> <p>use monitoring and review systems to make continuous improvements in the quality of care provided in the home.</p> <p>(Regulation (13 (1)(a)(b)(2)(a)(b)(d)(e)(h))</p> <p>Specifically, ensure that children are cared for by enough staff who are suitably deployed to meet each child's known and emerging needs. These staff should understand children's plans and have the necessary training to meet each child's individual needs, including those children who display sexualised and</p>	<p>07/08/2019</p>

<p>sexually harmful behaviour.</p> <p>Managers should review and improve all aspects of monitoring activity and ensure that these systems are sufficiently robust to identify and address shortfalls.</p>	
<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—</p> <p>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</p> <p>a record is kept of the administration of medicine to each child.</p> <p>(Regulation 23 (1)(2)(b)(c))</p> <p>Specifically, implement and consolidate improvements in handling, recording, administration and disposal of medicines, which include having a sufficient number of staff available to administer medication safely and in accordance with each child's medication regime, and ensure that medication records are fully complete.</p>	<p>17/07/2019</p>
<p>*The registered person must ensure that—</p> <p>(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—</p> <p>(i) the name of the child;</p> <p>(ii) details of the child's behaviour leading to the use of the measure;</p> <p>(iii) the date, time and location of the use of the measure;</p> <p>(iv) a description of the measure and its duration;</p> <p>(v) details of any methods used or steps taken to avoid the need to use the measure;</p> <p>(vi) the name of the person who used the measure ("the user"), and of any other person present when the measure was used;</p>	<p>07/08/2019</p>

<p>(vii) the effectiveness and any consequences of the use of the measure; and</p> <p>(viii) a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure.</p> <p>(Regulation 35 (3)(a)(i-viii))</p> <p>Specifically, ensure that all records of control, discipline and restraint are sufficiently detailed, that these records are subject to management evaluation and that a written record of the manager's evaluation of the effectiveness of the measure is maintained.</p>	
<p>The registered person must notify HMCI and each other relevant person without delay if—</p> <p>there is any other incident relating to a child which the registered person considers to be serious. (Regulation 40 (4)(e))</p>	07/08/2019
<p>The registered person must 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. (Regulation 45 (4)(a))</p>	07/08/2019

* These requirements are subject to a compliance notice.

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)

Specifically, leaders, managers and staff in the home should support the development of children's social and personal skills, identifying their needs and targeting the improvement in these areas for development, ensuring that these skills are recognised as valuable outcomes by children during their time at the home.

Inspection judgements

Overall experiences and progress of children and young people: inadequate

The overall progress and experience of children is poor because there are weaknesses in risk management systems, management oversight and security arrangements which have the potential to result in significant harm to children.

One child's room was not of a good enough standard. There were items in the room that could present a risk of harm, there was insufficient bedding and the room was not clean. Staff were not sufficiently knowledgeable about this child's risk assessment or about the cause and effect of some of his behaviours. As a result, his welfare was not being promoted and his dignity was not being respected. The room reflected neglect of care not proactive, good-quality care.

Staff are identifying and meeting children's religious, cultural and identity needs. These are explored with children as part of their admission to the home.

Children can choose meals from menus that provide choices of nutritionally well-balanced meals. Their individual dietary needs are known and are adhered to. Children have opportunities to cook meals as part of independence skills development and they support staff to tidy up after meals. Children are also encouraged to keep their rooms clean and tidy and take responsibility for their laundry.

Staff understand the importance of children maintaining relationships with family and carers. This information is a significant part of pre-admission planning to prevent delay and to ensure that safe contact takes place. All children have arrangements in place for visits and telephone calls. The quality and safety of contact is discussed in planning meetings and arrangements are reviewed and changed, where appropriate.

Staff do seek children's views and wishes and respond to them. The complaints process is used by children. Child-friendly recording tools are used, and staff ensure that records are meaningful to children as well as professionals. Recently, a project group of children and staff has been established to improve the children's welcome guide.

There are monthly meetings between managers and children's council representatives. Children are generally positive about these meetings. They value the opportunity to represent their group and discuss and propose changes to improve their day-to-day experiences. The records evidence that managers respond in a timely way to most requests and queries. The meetings could be more creative, for example joint learning and opportunities for children to chair and manage the meetings

Plans for children moving on from the home are carefully considered with the placing local authority and professionals involved with the child. Mobility plans are subject to consultation and risk assessment. There were examples of managers challenging professionals where plans are not sufficiently timely or clear to support a safe transition for the child.

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

Risk management is ineffective. Staff do not fully understand children's risks and vulnerabilities and do not always take effective action to minimise risk of harm, for example removing items that pose a risk from the bedroom of a child at risk of self-harm.

Risk assessments are of variable quality and are not always reviewed following serious incidents, such as when ligature points are identified. Managers do not always take the right action to ensure that future risk is minimised or consider the potential risk to children who present self-harming behaviour when placing them in the same location.

There is a lack of effective monitoring of physical restraints, single separation and managing away strategies. Consequently, limited recording and explanation of the use of these measures does not assist in the analysis or evaluation of the appropriateness of the interventions. Similarly, the lack of monitoring of the thoroughness of records has an impact on the assessment as to whether staff practices and behaviour management strategies remain appropriate to safeguard children.

One child has managed to obtain staff keys on two occasions, one of which was without the staff member's knowledge. There is no evidence that managers have reviewed key management procedures or assessed the integrity of the equipment that is being used currently.

Inspectors observed positive relationships and respectful interactions between children and staff. They saw staff making good use of these relationships to manage the complex and challenging group dynamics throughout the centre. However, there is conflict within one house group that staff are finding difficult to manage safely. Staff spoke about their concerns and about 'tensions building'. It is concerning that children are showing an increased interest in makeshift weapons called 'shanks'. Staff are managing this so that immediate risk is minimised, but strategies to reduce this behaviour have been unsuccessful.

Health services: inadequate

At the last full inspection, medicine management was of concern. This remains the case. Care staff have made mistakes in administration processes that have allowed children to secrete their medicines and pass them to other children. Although children subsequently returned their medicines to staff, this shortfall had the potential to lead to significant harm. In other cases, children have been given too much medication. There have also been errors in the systems for returning unused medicines to the pharmacist. Weekly audits have highlighted these issues. Nurses have provided face-to-face training for staff as well as oversight, but the issues persist. Care staff shortages mean that those responsible for administering medication often hurry to carry out medication administration tasks, causing them to become distracted. The potential for continued mistakes is high.

Health services provided by contracted healthcare agencies ensure that an appropriate range of primary care services are delivered, without delay, on- and off-site. Although the health and well-being team is currently carrying several vacancies, it meets the needs of the current population at the home. Their work is valued and understood by the children. They are enthusiastic and dedicated to providing healthy outcomes for those they care for. There is a vacancy for a substance misuse worker. However, this work is being managed and delivered in a 6-week programme of education and awareness during personal, social, health and economic (PHSE) education, with the support of teachers and a mental health nurse.

There are vacancies for the learning disability and dual diagnosis nurse due to maternity leave. The speech and language therapist is also on maternity leave but this post is being covered two days per week instead of the previous four days by a temporary therapist.

Health and well-being needs are identified promptly through the Children's Health Assessment Tool (CHAT), which informs ongoing care. There are many children who are diagnosed as suffering with attachment and developmental trauma. They receive very good support before they are discharged or transferred.

Most mental health interventions are provided by a clinical psychologist, a psychiatrist, and an operational lead who is a mental health nurse. Although there are vacancies in the mental health team, there has been no visible impact on the services available to the children. Effective elements of Secure Stairs have been in place for some time to support care staff's work with the children, including weekly case formulation meetings and reflective practice sessions, training, weekly multidisciplinary team case discussions, and health and well-being staff being visible and available to staff and children on the units. The shortage of care staff does, however, mean that attendance at meetings and discussions has not been prioritised.

Two registered physical health nurses provide a good service to the children and deal with minor injuries and form part of the multidisciplinary team around the child who support their care. They provide out-of-hours cover when a child arrives outside their working hours. They then attend the home and complete the initial CHAT.

A thorough infection control audit was completed by the health providers in September 2018. They scored 84.5% and the pass mark was 85%. They have a working action plan which is the joint responsibility of the home and many areas of concern have now been dealt with.

The effectiveness of leaders and managers: inadequate

Leaders and managers have failed to make and sustain essential improvements. During this inspection, inspectors identified too many recurring areas of weakness, some of which could place children at risk of harm. For example, a requirement was made at the last full inspection in relation to medication practice. Although the manager had taken steps to address this, he has failed to sustain these improvements. Consequently,

medication administration practice remains weak.

Two statutory requirements were raised at the interim inspection on 11 December 2018. These related to substandard behaviour management records, which had been raised at previous inspections, and insufficient management oversight of behaviour management practice. Improvement has not taken place. The ineffectiveness of management oversight is evident in a further reduction of quality in these areas.

There is a significant absence of effective monitoring at all management levels. Lines of accountability are unclear, with too many tasks that are delegated by the registered manager going unchecked. This means that senior managers are often unaware of slipping standards and are not acting to make required improvements. For example, managers had not identified that staff were failing to rigorously check children's bedrooms. In at least one instance, this has placed a child at potential risk of harm.

The registered manager does not sufficiently influence the decision-making when serious incidents occur. It is concerning that during the inspection the manager was unable to give an accurate account of an incident involving an attached ligature in a child's bedroom. Managers had failed to recognise the severity of risk or the need to minimise the risk before allowing children to be accommodated in the room.

Managers do not always recognise when Ofsted should be notified of serious incidents. While obvious matters, such as allegations and referrals to children's social care, are reported well, there are other things that are not; for example, fixed ligature points, when children have removed keys from staff or when there have been serious shortfalls in medication practice. This makes it difficult for Ofsted to fulfil its regulatory duties and keep the Department for Education informed.

The registered manager identifies staffing as being one of the major challenges that he is facing. At the time of the inspection, 17 of the 68 care staff posts were vacant. Throughout the inspection, the inspectors observed situations when staffing levels made it difficult to provide good-quality care. For example, one child was delayed going to the toilet while staff carried out other duties.

The issues brought about by the shortage of numbers is compounded by a lack of shift planning. Managers do not prioritise and protect key tasks such as medication administration, which is often done in a rushed manner that has contributed to the significant shortfalls in this area of practice. One inspector observed staff arriving late on the unit, having left only two staff managing a very challenging group of five children that were known to be unsettled.

Some staff do not have up-to-date knowledge and skills to adequately safeguard the children and meet their individual needs. For example, some staff have not received training in understanding and responding to sexualised behaviour, despite some children displaying harmful sexualised behaviour. This lack of appropriate training compromises children's safety.

Outcomes in education and related learning activities: good

Education leaders and managers have developed a strong learning culture in the home. Education leaders and managers continue to provide a comprehensive curriculum that meets the academic needs of children very well according to their prior achievements, ability and length of stay in the home. They adapt the curriculum well to support the individual needs of each child.

The quality of teaching, learning and assessment is strong. Thorough and prompt initial assessment of learning needs and prior academic attainment informs teachers' planning very well. Well-qualified and experienced teachers deliver imaginative learning activities supported by good interactive digital resources. Teachers mix topics from other subjects, such as covering the meaning of 'onomatopoeia' in pop art. This helps children understand the relevance and application of what they have learned in other subjects.

Teachers rightly emphasise to children the importance of producing work of the highest standards. They ensure that children remain productive during their time in lessons. The vast majority of teachers are skilled at providing children with helpful feedback on their work, but they do not always correct children's grammar and punctuation errors.

Teachers manage classroom behaviour particularly well. As a result, children behave well in class, engaging in learning tasks and working independently. The learning environment is calm and welcoming. Attendance at education is good.

Children make good progress with their academic qualifications, considering their starting points. In particular, they make significant progress in science. Education leaders and managers benchmark and rigorously track children's academic progress. Effective promotion of literacy has resulted in children making very good progress with their reading.

Leaders and managers do not fully utilise the available vocational training facilities. This is because leaders and managers have made it a condition that children reach gold status on the home's incentive programme before they can participate in these areas. Consequently, some children do not become familiar with working in vocational environments or develop an understanding of the key behaviours and attitudes needed in the world of work, such as the importance of wearing personal protective equipment and adhering to safe working practices.

Leaders and managers do not focus sufficiently on the development of children's social and personal skills. They do not assess these skills fully when children are admitted. Therefore, they are unable to measure progress accurately

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: SC036740

Provision sub-type: Secure Unit

Registered provider address: Nottinghamshire County Council, County Hall,
Loughborough Road, West Bridgford, Nottingham NG2 7QP

Responsible individual: Devon Allen

Registered manager: Paul Thomas

Inspectors

Paul Scott, social care inspector

Elaine Allison, social care inspector

Cathey Moriarty, social care inspector

Maria Navarro, HMI FES

Andrea Crosby-Josephs, health and justice inspector, Care Quality Commission (CQC)

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