

# SC022448

Registered provider: Nugent Care

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 voluntary organisation and is approved by the Secretary of State to restrict children's liberty. The children's home can accommodate up to 12 children who are aged between 10 and 17. The home provides for children accommodated under section 25 of the Children Act 1989, who are placed by local authorities.

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

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 registered manager has been in post since March 2007.

**Inspection dates:** 9 to 10 July 2019

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

**Date of last inspection:** 5 March 2019

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

**Enforcement action since last inspection:** none

## Recent inspection history

Inspection date	Inspection type	Inspection judgement
05/03/2019	Interim	Improved effectiveness
20/11/2018	Full	Requires improvement to be good
23/01/2018	Interim	Sustained effectiveness
04/04/2017	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>Engaging with the wider system to ensure children's needs are met.</p> <p>In meeting the quality standards, the registered person must, and must ensure that staff—</p> <p>if the registered person considers, or staff consider, a placing authority's or a relevant person's performance or response to be inadequate in relation to their role, challenge the placing authority or the relevant person to seek to ensure that each child's needs are met in accordance with the child's relevant plans. (Regulation 5 (c))</p> <p>Specifically, managers should ensure that the information contained within referral documents and other information presented by the placing authority is unambiguous and represented in a sensitive and factual manner.</p>	16/08/2019
<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>help each child to understand how to keep safe;</p> <p>have the skills to identify and act upon signs that a child is at risk of harm;</p> <p>manage relationships between children to prevent them from harming each other;</p>	16/08/2019

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-iv)(b))	
<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>promotes children's 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 have the experience, qualifications and skills to meet each child's needs;</p> <p>use monitoring and review systems to make improvements in the quality of care provided in the home.</p> <p>(Regulation 13 (1)(b)(2)(a)(c)(h))</p>	16/08/2019
<p>The registered person must ensure that—</p> <p>the privacy of children is appropriately protected.</p> <p>(Regulation 21 (a))</p> <p>Specifically, improve the facilities for carrying out personal searches to ensure that they strike an acceptable balance between security and the child's right to privacy.</p>	16/08/2019
<p>The registered person must ensure that all employees—</p> <p>receive practice-related supervision by a person with appropriate experience. (Regulation 33 (4)(b))</p>	16/08/2019
<p>*The registered person must prepare and implement a policy ("the behaviour management policy") which sets out—</p> <p>how appropriate behaviour is to be promoted in the children's home; and</p>	16/08/2019

<p>the measures of control, discipline and restraint which may be used in relation to children in the home.</p> <p>The registered person must ensure that—</p> <p>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>the name of the child;</p> <p>details of the child’s behaviour leading to the use of the measure;</p> <p>the date, time and location of 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 name of the person who used the measure (“the user”), and of any other person present when the measure was used;</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;</p> <p>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; and</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.</p> <p>(Regulation 35 (1)(3)(a)(i-viii)(b)(i-ii)(c))</p>	
<p>When the independent person is carrying out a visit, the registered person must help the independent person—</p>	<p>16/08/2019</p>

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.

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 (2)(b)(5))

\* These requirements are subject to a compliance notice.

## Recommendations

- Ensure that the ethos of the home supports each child to learn. ('Guide to the children's homes regulations including the quality standards', page 29, paragraph 5.18)

Review education quality-assurance and quality-improvement processes urgently so that leaders and managers rectify weaknesses rapidly to ensure that children receive a consistently high quality of education.

- Ensure that the ethos of the home supports each child to learn. ('Guide to the children's homes regulations including the quality standards', page 29, paragraph 5.18)

Further improve the quality of teaching, learning and assessment so that it is at least good across the whole provision, and that all lessons are well planned, engaging, and meet the needs, abilities and interests of all children, particularly the most able.

- Ensure that the ethos of the home supports each child to learn. ('Guide to the children's homes regulations including the quality standards', page 29, paragraph 5.18)

Further improve the quality of information that teaching staff have on the educational starting points of children so that they set appropriate and challenging targets for children that help them to achieve their full potential.

- Ensure that the ethos of the home supports each child to learn. ('Guide to the children's homes regulations including the quality standards', page 29, paragraph 5.18)

Improve staff development activities so that staff receive appropriate training to

improve their teaching practices and behaviour management strategies.

- Ensure that the ethos of the home supports each child to learn. ('Guide to the children's homes regulations including the quality standards', page 29, paragraph 5.18)

Further develop the curriculum offer to ensure that learning programmes help children to develop the skills, knowledge and behaviours that improve their life chances and help them to progress successfully to their next stages of education, employment or training.

- Ensure that the ethos of the home supports each child to learn. ('Guide to the children's homes regulations including the quality standards', page 29, paragraph 5.18)

Ensure that all education and care staff have the highest expectations of what children can achieve.

- Ensure that the ethos of the home supports each child to learn. ('Guide to the children's homes regulations including the quality standards', page 29, paragraph 5.18)

Continue to improve attendance and limit even further the amount of time that children spend away from learning.

## Inspection judgements

### **Overall experiences and progress of children and young people: inadequate**

The overall experiences and progress of children are judged as inadequate. This is primarily because there are weaknesses in risk and behaviour management systems and management oversight, which have the potential to result in harm to children.

Managers do not scrutinise and interrogate sufficiently the information provided by placing authorities at the point of admission. Inspectors found several examples when managers had failed to check the factual accuracy of records. This has the potential to result in children's needs, risks and vulnerabilities not being fully understood or met.

Managers have failed to challenge the placing authority about the crudity in the way some written information is represented in children's referral information and placing authority records. The content of these records does on occasions show very little sensitivity or respect for how potentially stigmatising information is captured and shared.

Children have a voice. They are given the opportunity to express their views on how they want to be cared for and are continually involved in planning their care. Children know how to raise a complaint and are confident in using the complaints procedure.

Managers track complaints and respond to them promptly. They provide children with face-to-face feedback as well as written confirmation of the outcome of the managers' investigation. When appropriate, complaints are escalated and referred to external agencies such as children's social care.

An independent visitor attends the home each week. They are visible and accessible to children during their visit. The independent visitor did not identify any concerning themes and attributed most complaints as being about the placing authority delays in identifying suitable accommodation in preparation for a child leaving. Managers are aware of this issue and ensure that planning for resettlement is kept on the agenda from the point of admission. However, managers recognise the need to improve the level of information that they gather to include questions about the registration status of future placements. This issue was highlighted by the case of a child who was due to leave the home shortly after the inspection but was facing potential delay because the children's home she was moving to had not met Ofsted's requirements for registration.

Despite the identified shortfalls, children do benefit from the time they spend in this home and make progress relative to their starting points. They are provided with clear boundaries and expectations that give them a sense of routine and stability in their often-chaotic lives. Children talk very positively about their experiences. They can each identify members of staff who they can trust to listen to and support them in their times of need. Children recognise how the support provided by staff is helping them to understand better the behaviours that led to them being accommodated at this home and will enable them to make more positive choices in the future.

Staff understand the importance of children having contact with family members and other significant people in their lives. Arrangements for visits and telephone calls are promoted from the start of the placement. Staff facilitate and supervise contact arrangements. They ensure that information is shared with each child's social worker and fed into the care planning process if any concerns are noted by staff or reported by the child. This approach promotes a multi-agency approach to ensuring that potential risks can be appropriately managed when the child returns to the community.

A formulaic, multi-disciplinary approach is taken to planning each child's care. Care and intervention plans are reviewed regularly by representatives from the care, health and education teams. Children are fully involved in this process. There is a keen focus on problem-solving within these forums where effective strategies are developed in line with the home's trauma-informed model of care. For example, as a result of staff developing awareness about one child's communication needs they were able to deliver a range of interventions and responses that have improved the child's relationships with their peers and reduced conflict between them.

Children have access to a good choice of activities in the home. Mobility is used effectively to extend the recreational offer when assessed as safe. Mobility is also used well to promote visits to future placements in preparation for children leaving the home.

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



The welfare and safety of children are compromised because managers do not exercise their roles and responsibilities consistently in keeping children safe. Managers do not always take effective action promptly when serious concerns about a child's welfare emerge. For example, swift action is not taken to ensure that all staff are aware of changes to assessed risk levels following incidents of self-harm.

Children's risk assessments and behaviour management plans do not provide enough detail to ensure that children's risks and vulnerabilities are known and can be responded to. Examples include the risk posed to other children by a child who may present sexually harmful behaviour. Although there was reference to this in the child's records, managers had failed to validate the information with the placing authority to establish that this information was indeed accurate or to provide clear direction for staff about how to manage this behaviour safely. This has the potential to leave the child with unmet needs and place other children at unnecessary risk of harm. Furthermore, if the information is inaccurate and not corrected it unfairly stigmatises the child concerned.

There is a lack of effective monitoring of physical restraints, single separations and managing away strategies. Records are not sufficiently detailed to provide the reader with an accurate account of incidents and would not stand up to scrutiny if an allegation was made. Also, there is very little evidence that managers are evaluating the effectiveness of these types of interventions or assuring themselves that staff practice is necessary, proportionate and in accordance with the home's policies and procedures. For example, in several cases it was difficult to assess the appropriateness of what appeared to be longer than necessary periods of single separation. Also, managers had failed to pick up when staff had operated outside of the policy for managing children away from others.

Managers should use closed-circuit television (CCTV) to quality-assure restraint practice. However, managers were unable to provide any evidence that CCTV footage had been undertaken since the beginning of June 2019. This omission is of significant concern based on the observations of inspectors when reviewing a sample of CCTV footage. Inspectors noted one incident when staff had not used the home's chosen techniques when responding to the challenging behaviour of a child. Indeed, staff responses did not appear to consider the child's significant health needs, partly attributed to the lack of information contained within the child's risk assessment. The manager did acknowledge this shortfall and took appropriate steps to investigate. However, children are being placed at potential risk of harm.

Children are subject to personal searches when first admitted to the home. These searches are carried out in a small room that does not afford children adequate privacy when staff remain in the room for security purposes. Positively, managers took steps to address this issue by erecting a temporary screen. However, a more permanent solution is required if they are to strike an effective balance between security and a child's right to dignity and respect.

## **Health services: good**

Children have prompt access to an age-appropriate range of health services. There is a good skill mix within a multi-disciplinary healthcare team whose members work well together to improve the physical, mental and emotional well-being of the children. Healthcare staff are flexible, visible and approachable. Children have access to a male or female GP who visits twice weekly if required. Out of hours support is provided to the same level as seen in the community.

Other visiting health professionals, including a dentist and an optician, attend promptly when needed, and external secondary health appointments are facilitated when required. Children spoke positively about the healthcare they receive.

Health staff initially identify children's health and well-being needs through a comprehensive health assessment tool (CHAT). This process is robust and is used to inform practice. Appropriate referrals are made, and care and risk management plans are developed that help to ensure that a holistic approach to supporting each child's needs is taken. Health staff attend a weekly centre-wide multi-disciplinary meeting where children's needs are reviewed, and care plans are updated.

The mental health team is in the process of implementing the 'secure stairs' model of practice across the whole centre. The ethos of 'secure stairs' is starting to be embraced by all staff. Although not fully embedded, the early signs of the effectiveness of this trauma-informed model are positive. However, it is recognised that more needs to be done with care staff to improve their understanding of the whole philosophy of 'secure stairs'. An increase in clinical supervision is supporting and enabling staff to develop a better understanding of this approach.

Medicines administration is safe and effective. Medicine fridge temperatures are checked on a daily basis to help ensure that the integrity of the medicines is maintained.

A newly appointed speech and language therapist is prioritising improvement of communication across the centre, both in terms of the written word and spoken language. Primarily this focuses on equipping the staff to deliver the programme of support, while developing trusting relationships with the children.

The healthcare clinical room meets infection control standards. A recent audit showed 96% compliance, and all recommendations following the audit have been actioned.

All health staff receive regular managerial and clinical supervision and have good access to training. Staff feel well supported and part of the home's community.

### **The effectiveness of leaders and managers: inadequate**

Ineffective management oversight and monitoring mean that managers cannot be assured that each child's individual needs, risks and vulnerabilities are being considered and met safely. For example, managers have failed to ensure that children's risks are fully identified and captured in their records. This has the potential to place both children

and staff at risk, as well as resulting in unmet needs. Furthermore, a failure to quality-assure behaviour management records and staff practice means that children's welfare, safety and well-being are potentially compromised.

The standard of external monitoring and quality assurance is variable. There are examples when reports have been detailed and evaluative and have identified shortfalls that the manager has acted to address. However, this process is not consistently rigorous. This is evident in the number of shortfalls identified during this inspection. For example, it is standard practice for the independent visitor to review behaviour management records, which were found to be of poor quality during this inspection. Also, there are examples when the independent visitor has identified matters that require further investigation by the manager, but this has not then happened.

The decision to voluntarily reduce the overall number of children who are accommodated has allowed for the implementation of a considered improvement plan. This plan has been used to begin to address the necessary changes identified at the last full inspection. For example, a senior leadership team consisting of representatives from care, education and health has been formed. The small group of senior managers is taking a more strategic and developmental role, which has resulted in improvements in care planning and a much more positive ethos of care than seen previously.

The role of middle managers has been redefined to provide better day-to-day support at the front line, including the coaching and mentoring of staff. The staffing structure has been rearranged, and rotas have been amended to make them more purposeful and less arduous for staff. However, these wholesale changes have caused unsettlement within the staff team, a dynamic that managers are doing their best to manage through monitoring and support. While most staff make positive statements such as, 'It is 100% better than it was last year' and 'I feel that I can now do the job that I want to do', there are a minority of staff who have not fully embraced these changes.

There has been a strong focus on the recruitment of staff following a review of staffing numbers. Most posts have now been filled although some gaps remain, including those brought about by the restructure. Because of the reduced numbers of children at present, there is an excess of staff currently working in the home. This means that the home is closer to being staffed commensurate with full occupancy. Managers have used this as an opportunity to focus on the development and training of staff, giving them time to complete mandatory and role-specific training. However, during the inspection, it was recognised that it would be beneficial for staff to receive training that better enables them to work with children who have autism spectrum disorder. Managers were in the process of arranging this at the end of the inspection.

Most staff report that they feel supported by managers. New staff spoke positively about their induction into the home, which included several opportunities to shadow and learn from experienced staff. They follow a well-thought-out induction programme that is routinely measured against competency targets. However, the same rigour is not applied to staff supervision, with some staff not receiving this in line with organisational timescales. The absence of supervision means that staff do not have the opportunity to

reflect on their practice or the impact of the wholesale change to the statement of purpose that is taking place currently. This could be detrimental to the children as there is potential for the quality of practice to decline without effective performance monitoring and management.

There has been a notable improvement in the standard of accommodation and general living environment since the last inspection. Refurbishment of bedrooms and bathrooms is fully complete in one unit. This unit was fully redecorated before children were relocated into it earlier this year. The second unit is in the process of having the same works carried out, but will remain closed for the foreseeable future.

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

The standard of education has improved since the last inspection. It is acknowledged that progress has been limited due to the absence of a headteacher, with the new person in post only joining the home in May 2019. Since starting, she has reviewed the provision of education to create greater structure and purpose to what children learn. Children have begun to work towards qualifications that are more focused on preparing them for their next steps. The quality of careers information, advice and guidance has also improved. However, the impact of these changes on raising children's ambitions is not yet evident.

Most staff now have higher expectations of what children can achieve. They prioritise children's attendance at lessons. Incidences of children returning to their residential unit following behavioural issues have reduced, and fewer stay there for extended periods.

Standards of teaching, learning and assessment are inconsistent across the provision. Where lesson activities lack challenge, children's behaviour and concentration deteriorate quickly. The pace and level of some lessons do not routinely meet children's needs, abilities or interests. A few teaching assistants intervene too quickly in learning activities. Consequently, children do not fully develop the independence that they need.

In English, mathematics, and information and communication technology teachers identify accurately what children know and can do. In English and mathematics, most children now make reasonable progress in reducing gaps in their knowledge, skills and understanding. However, activities are insufficiently challenging for the most able children.

Written feedback on children's work has improved significantly since the previous inspection. Children's work is of a reasonable and sometimes high standard when they remain focused. Most children are confident and articulate. In a few lessons, children work together effectively and provide peer support when undertaking learning activities.

Leaders have recently identified most of the strengths and weaknesses in the provision accurately. However, current quality-improvement arrangements require further development to ensure that they bring about more rapid and sustainable improvements

to the provision.

Staff development activities remain limited. They do not routinely extend beyond mandatory requirements or help teaching staff to improve their practices, including dealing with children who have complex needs. Staff are appropriately qualified. However, in a small minority of subjects, they are not sufficiently qualified to teach children to a level that will benefit them in the future.

Behaviour management is inconsistent in the classroom. Not all staff de-escalate situations skilfully, and this leads to some high-level disruption in lessons. Some staff do not challenge inappropriate language consistently.

## **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'.

## Children's home details

**Unique reference number:** SC022448

**Provision sub-type:** Secure Unit

**Registered provider:** Nugent Care

**Registered provider address:** 99 Edge Lane, Edge Hill, Liverpool L7 2PE

**Responsible individual:** Gary Thistlewood

**Registered manager:** Marie Higgins

## Inspectors

Paul Scott, social care inspector

Elaine Allison, social care inspector

Cathey Moriarty, social care inspector

Catherine Sikakana, social care inspector

Suzanne Wainwright, HMI FES

Gary Turney, health and justice inspector, Care Quality Commission (CQC)

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