

1247390

Registered provider: Partnerships In Care 1 Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home can provide care for up to eight children and young adults. Its specialism is to provide care to children and young adults who have mental health difficulties and who self-harm.

The home is part of a large national private organisation. This organisation has its own clinical team.

The manager has been registered with Ofsted since January 2019.

The home is also registered with the Care Quality Commission.

Inspection dates: 23 to 24 July 2019

Overall experiences and progress of children and young people, taking into account inadequate

How well children and young people are helped and protected inadequate

The effectiveness of leaders and managers inadequate

There are serious and widespread failures that mean children and young people are not protected or their welfare is not promoted or safeguarded and the care and experiences of children and young people are poor and they are not making progress.

Date of last inspection: 20 February 2019

Overall judgement at last inspection: sustained effectiveness

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
20/02/2019	Interim	Sustained effectiveness
26/09/2018	Full	Requires improvement to be good
05/01/2018	Interim	Sustained effectiveness
12/07/2017	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>5: 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>seek to involve each child's placing authority effectively in the child's care, in accordance with the child's relevant plans;</p> <p>seek to secure the input and services required to meet each child's needs;</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; and</p> <p>seek to develop and maintain effective professional relationships with such persons, bodies or organisations as the registered person considers appropriate having regard to the range of needs of children for whom it is intended that the children's home is to provide care and accommodation. (Regulation 5 (a)(b)(c)(d))</p>	12/09/2019
<p>6: The quality and purpose of care standard *</p> <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>	12/09/2019

<p>In particular, the standard in paragraph (1) requires the registered person to—</p> <p>understand and apply the home’s statement of purpose;</p> <p>ensure that staff—</p> <p>understand and apply the home’s statement of purpose;</p> <p>protect and promote each child’s welfare;</p> <p>treat each child with dignity and respect;</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;</p> <p>provide to children living in the home the physical necessities they need in order to live there comfortably;</p> <p>ensure that the premises used for the purposes of the home are designed and furnished so as to—</p> <p>meet the needs of each child; and</p> <p>enable each child to participate in the daily life of the home;</p> <p>make decisions about the day-to-day arrangements for each child, in accordance with the child’s relevant plans, which give the child an appropriate degree of freedom and choice. (Regulation 6 (1)(a)(b) (2)(a)(b)(i)(ii)(iii)(iv)(vii)(ix) and (c)(i)(ii))</p>	
<p>10: The health and well-being standard</p> <p>The health and well-being standard is that—</p> <p>the health and well-being needs of children are met;</p> <p>children receive advice, services and support in relation to their health and well-being; and</p> <p>children are helped to lead healthy lifestyles.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that staff help each child to—</p> <p>achieve the health and well-being outcomes that are recorded in</p>	<p>12/09/2019</p>

<p>the child's relevant plans. (Regulation 10 (1)(a)(b)(c) and (2)(a)(i))</p>	
<p>12: The protection of children standard</p> <p>The protection of children standard is that children are protected from harm and enabled to keep themselves safe.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure 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>understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person;</p> <p>take effective action whenever there is a serious concern about a child's welfare; and</p> <p>that the home's day-to-day care is arranged and delivered so as to keep each child safe and to protect each child effectively from harm. (Regulation 12 (1)(2)(a)(i)(ii)(v)(vi) and (b))</p>	<p>12/09/2019</p>
<p>13: The leadership and management standard</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 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 have the experience, qualifications and skills to meet the needs of 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</p>	<p>12/09/2019</p>

<p>quality of care provided in the home;</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) and (2)(a)(c)(f)(h))</p>	
<p>23: Medicines</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. (Regulation 23 (1) and (2)(b))</p>	<p>12/09/2019</p>
<p>35: Behaviour management policies and records</p> <p>The registered person must ensure that—</p> <p>within 5 days of the use of a measure of control, discipline or restraint in relation to a child in the home, 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)(c))</p>	<p>12/09/2019</p>

* These requirements are subject to a compliance notice.

Inspection judgements

Overall experiences and progress of children and young people: inadequate

Leaders and managers have not brought about the required changes to improve the quality of care. Breaches in regulation identified at this inspection are repeated from previous inspections.

The process for moving children into and on from the home is inadequate. Leaders and managers do not appropriately assess children’s needs before they move in, including a failure to reassess children’s needs when there is a delay between the initial assessment and the date the child moves in. In addition, insufficient consideration is given to the impact of children and adults living together. When serious incidents occur, leaders and managers quickly identify that they are unable to safely meet the needs of the children. However, they fail to escalate concerns effectively when there are delays with other agencies to identify a next placement for a child. This is a repeated shortfall from the full inspection in September 2018.

The home is not maintained to a suitable standard. A broken mirror, which was present at the two previous inspections, remains in a bedroom. Another example involved a child not having a bedroom door for ten days as the door was waiting to be replaced following its removal during a serious incident. Leaders and managers have not taken effective action to promptly address these serious failures to provide children with a suitable and safe home.

The environment is not conducive to a family-style home. Leaders and managers are aware of this weakness but fail to make sufficient improvements. The electronic keypads which beep remain on external doors, which gives an institutional impression. The clinic room fails to promote the privacy and dignity of children because of its location in the heart of the home. These examples have a negative impact on children's experiences.

Generic approaches to their care also impinge on children's experiences. Staff continue to undertake routine observations of children while they are in the home despite some of these same children having unsupervised time when they go out independently. This does not promote a consistent, personalised and individual approach to supporting children in their home.

Leaders and managers cannot be sure that children are making progress. Records do not provide enough detail about children and their experiences. Generic statements in children's records label children unnecessarily. Targets and goals are not well embedded so there is little recorded information to show how staff support children to make progress from their starting points.

In some areas, leaders and managers have made improvements. For example, children have better access to activities. Holiday plans include days out to theme parks and beaches, and trips to see their families. The staff team has become more consistent, with less use of temporary staff. This has helped staff to build positive relationships with children. Positive changes to the environment include a new entrance for visitors. This change is better for children as it limits the number of visiting adults in their home.

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

Leaders and managers fail to safeguard children effectively because they do not receive outcomes from child protection referrals. This means they cannot be certain that effective action is taken to protect children. In addition, they cannot give children feedback and support about what has happened to the information that children have shared. This does not promote the welfare of children.

Children do not consistently receive care that keeps them safe. This is because staff do not always respond effectively to serious incidents of self-harm. In one example, the failure to intervene effectively left a child with significant injuries. The same child was able to barricade their door and tie a ligature, resulting in them losing consciousness. In another example, the child managed to conceal controlled medication in their bedroom, which staff believed they had taken on routine administration.

Medication protocols for the administration of controlled 'pro re nata' (PRN) medication are not robust to ensure its safe administration. Some children have more than one controlled PRN medication, but staff are not provided with clear guidance on which drug is the most suitable to administer and why. Children are given the autonomy to ask for specific PRN controlled drugs, but staff cannot be certain they have been deemed competent to make such a serious decision about their well-being.

Children do not always receive their prescribed medication as required. On several occasions children have been given too much, or too little, medication. In one example, a child did not receive their medication over a weekend due to the home running out of stock. Leaders and managers have recently taken some action to review the medication administration procedures.

Leaders and managers do not fully consider the impact and potential risk of children and adults living together. Neither do they take effective action when they identify that an adult living in the home may pose a risk to the children living in the home. For example, notice on one adult's placement was given in March 2019 due to the safeguarding impact on children. However, the adult is still living in the home alongside children, and new children that the provider has subsequently moved in.

Leaders and managers have made no progress since the previous inspection to ensure that children receive an independent return home interview following incidents of missing from home. While leaders and managers request the return home interview, it does not take place, and they fail to escalate this effectively with the relevant agencies. This was a breach in regulation at the previous inspection.

Following an incident of serious self-harm, staff received instructions to ensure that they intervene to keep children safe. Four restraints have occurred since this guidance was issued in June 2019. While the use of the restraint was proportionate to the risk of harm, on two occasions children did not have an opportunity to talk to staff about this, as required.

The effectiveness of leaders and managers: inadequate

Leaders and managers have failed to make sufficient progress since the previous inspection. Barriers from within the wider organisation to implement the improvement plan remain, as reported at the previous inspection. The registered manager and responsible individual do not have the autonomy to make the improvements required.

Senior leaders fail to make decisions about the ethos of the home and model of care. The registered manager is therefore unable to deliver the statement of purpose, its aims, and its objectives. This hinders the opportunity to implement the improvement plan effectively.

Leaders and managers do not advocate strongly on behalf of children to ensure that they receive the service and support they require. Good relationships with children's

placing authorities are weak and there is a lack of escalation to senior leaders, particularly when there is a concern for children's safety and the home's ability to meet their needs.

Systems to monitor and evaluate the quality of care are not effective. While the registered manager has increased her oversight, there is no way of seeing how that monitoring impacts on children's care and experiences.

Leaders and managers provide staff with a supportive environment in which to work. Staff feel supported, the frequency of supervision has increased and staff have up-to-date appraisals. Team meetings have become more purposeful to focus on the needs of the children and offer time to reflect. Staff also benefit from clinical supervision and reflections.

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: 1247390

Provision sub-type: Children's home

Registered provider: Partnerships In Care 1 Limited

Registered provider address: Unit 2, Imperial Place, Maxwell Road, Borehamwood
WD6 1JN

Responsible individual: James King

Registered manager: Georgina May

Inspector

Nicola Lownds, social care inspector

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