

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 young person under section 25 of the Children Act 1989 who are 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 in dedicated facilities.

The registered manager has been in post since March 2007.

Inspection dates: 15 to 16 October 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**

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

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

Date of last inspection: 9 July 2019

Overall judgement at last inspection: inadequate

Enforcement action since last inspection:

Three compliance notices relating to the protection of children, leadership and management and behaviour management records were issued at the full inspection on 9 and 10 July 2019. A monitoring visit was completed on 19 August 2019 where Ofsted assessed that suitable action had been taken to meet all three notices.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
09/07/2019	Full	Inadequate
05/03/2019	Interim	Improved effectiveness
20/11/2018	Full	Requires improvement to be good
23/01/2018	Interim	Sustained effectiveness

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 understand and apply the home's statement of purpose; and ensure that staff—</p> <p>treat each child with dignity and respect; and</p> <p>provide to children personal items that are appropriate for their age and understanding.</p> <p>(Regulation 6 (1)(a)(b)(2)(a)(b)(iii)(viii))</p> <p>Specifically, ensure that adequate resources are provided for children when they cannot eat their meals in the dining room and that, unless risk assessed as unsafe, children have access to personal items such as toiletries and sanitary products, without having to ask a member of staff.</p>	20/11/2019
<p>The positive relationships standard is that children are helped to develop, and to benefit from, relationships based on mutual respect and trust; and an understanding about acceptable behaviour; and positive responses to other children and adults.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure that staff—</p> <p>meet each child's behavioural and emotional needs, as set out in the child's relevant plans;</p> <p>help each child to develop socially aware behaviour;</p> <p>help each child to develop and practise skills to resolve conflicts positively and without harm to anyone;</p>	20/11/2019

<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;</p> <p>help each child to develop the understanding and skills to recognise or withdraw from a damaging, exploitative or harmful relationship;</p> <p>understand and communicate to children that bullying is unacceptable; and</p> <p>have the skills to recognise incidents or indications of bullying and how to deal with them; and</p> <p>that each child is encouraged to build and maintain positive relationships with others.</p> <p>(Regulation 11 (1)(a)(b)(c)(2)(a)(i)(ii)(iv)(v)(vii)(xii)(xiii)(b))</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>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; 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.</p> <p>(Regulation 12 (1)(2)(a)(i)(ii)(iii)(iv)(b))</p>	<p>11/11/2019</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>11/11/2019</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>ensure that the home has sufficient staff to provide care for each child;</p> <p>ensure that the home’s workforce provides continuity of care to 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.</p> <p>(Regulation 13 (1)(a)(b)(2)(a)(c)(d)(e)(f)(h))</p>	
<p>The care planning standard is that children receive effectively planned care in or through the children’s home; and have a positive experience of arriving at or moving on from the home.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that the child’s placing authority is contacted, and a review of that child’s relevant plans is requested, if—</p> <p>the registered person considers that the child is at risk of harm or has concerns that the care provided for the child is inadequate to meet the child’s needs.</p> <p>(Regulation 14 (1)(a)(b)(2)(e)(i))</p> <p>Specifically, ensure that the home only provides care for children whose needs can be met safely, and takes positive decisive action to consider alternative placements, in conjunction with the placing local authority, when this is not the case.</p>	<p>20/11/2019</p>

<p>*The registered person must prepare and implement a policy (“the behaviour management policy”) which sets out how appropriate behaviour is to be promoted in the children’s home.</p> <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> <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)(a)(3)(a)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(b)(i)(ii)(c))</p>	<p>11/11/2019</p>
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* 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)

Strengthen all staff's understanding of the importance of education through a multi-disciplinary and cross-working approach so that they have the highest expectations of what the 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)

Ensure that all staff across the centre are involved in the education and behaviour management of children to ensure that they establish clear boundaries and a consistent implementation of rules.

- 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 attendance and reduce the amount of time that children spend away from learning to ensure that all children value their learning and make good progress.

- 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)

Enhance the quality of teaching, learning and assessment to ensure that it is at least good across the whole provision and that teaching staff evaluate learning support strategies regularly to ensure that all children 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)

Implement robust 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 teachers' performance management arrangements to ensure that they focus on improving the quality of teaching and learning and that these are supported through staff development activities.

- 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 appropriate governance arrangements are in place to hold education

managers to account for the quality of the provision.

Inspection judgements

Overall experiences and progress of children and young people: inadequate

Ofsted inspected this home on 9 and 10 July 2019 and judged the service to be inadequate. Health services were previously judged to be good and have not been inspected at this visit.

Shortfalls in the effectiveness of leadership and management and how well children are helped and protected are having a detrimental impact on children's overall experiences and progress. Children are often disengaging with routines that should promote progress and positive outcomes. For example, it is commonplace for children to refuse education and escalate their behaviour when challenged by staff. The need for staff to concentrate so much on behaviour management is inhibiting positive work such as key working and planned interventions. Consequently, children are not currently receiving the help that they need to address the risks and behaviours that led to them being in a secure setting.

The home was very unsettled at the time of the inspection and inspectors saw little evidence of well-planned care. Behaviour on the unit was seen to be chaotic at times, with a minority of children saturating staffing resources. More concerning is the high number of serious incidents that staff are finding increasingly difficult to manage with very limited staffing in terms of numbers and experience. Managers are fully aware of this volatile and unsafe situation, frequently supporting staff in the management of incidents. Managers are aware that some children's needs cannot be met safely in the current circumstances but have not taken decisive action to consider alternative placements for them. Consequently, managers found themselves serving notice on two children during the inspection.

There are a few examples when managers and staff are failing to recognise when children's care is being compromised. Children raised several concerns about not having access to personal items such as toiletries and sanitary products without asking staff. It became apparent that this blanket response was due to concerns relating to some children misusing these products to misbehave or placing themselves at risk. This institutionalised and risk-averse response is reflective of how unsafe staff feel, with the unintended consequence being that children's dignity is compromised.

One child is on an individual plan of being managed away and gradually reintegrated back into the group over a period of days. Staff have not made suitable provision for the child, who has been eating her meals sitting on the floor of the bedroom corridor. This is an inadequate arrangement that does not evidence an acceptable standard of care.

Children have a voice. They are given the opportunity to express their views and are supported to attend key meetings and to be involved in planning their care. Children know how to raise a complaint and are confident in using the complaints procedure.

Managers track complaints, which are generally low level, and respond to them promptly. When appropriate, complaints are escalated and referred to external agencies such as children's social care.

Staff understand the importance of children maintaining relationships with family and carers. Children can make telephone calls from the privacy of their rooms and receive visits in appropriate surroundings. The quality and safety of contact is discussed in planning meetings and arrangements are reviewed, where appropriate.

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

There has been a significant increase in challenging, violent and abusive behaviours that has resulted in a concerning number of physical restraints, several of which have resulted in staff being injured and having to take time off work. Several staff told the inspectors that they do not feel safe when working with this group of highly challenging, complex and traumatised children. Senior leaders are aware of this view and told inspectors that they do not feel that children are safe currently. Concerningly, senior leaders have failed to identify and implement measures of control that reduce the risk to both children and staff, until prompted by this inspection.

The quality of management oversight and monitoring in relation to risk and behaviour management has once again deteriorated. For example, staff are failing to maintain quality records relating to single separation and restraint practice. These records are designed to protect children and staff. However, several records did not include key information such as whether the child had been injured. Post-incident debriefs are not always completed and in some cases they have been completed by a member of staff involved in restraining the child. More concerning is the fact that inspectors identified an incident when three out of four restraints had not been recorded. These shortfalls have not been identified through management quality assurance processes. Consequently, children are not sufficiently protected, and staff are vulnerable to allegations being made.

Risk management is ineffective. Managers are failing to provide staff with the right information that enables them to manage safely and effectively children's behaviours, risk and vulnerabilities. Inspectors have significant concerns about some of the identified strategies for managing self-harm using ligatures, a behaviour that is on the increase. For example, it is recorded in children's risk assessments that staff should not intervene to remove the ligature until the colour of the child's face changes or their breathing is affected. This requires staff, many of whom are new and inexperienced, to make a dynamic risk assessment of when to remove the ligature. This places children at significant risk of potential harm.

Children and staff are being placed at risk due to insufficient resources being available when serious incidents occur. There have been several occasions when staff have activated alarms to request immediate assistance and these have not been responded to in a timely manner, mainly due to staff being involved in other incidents. The implicit risk to both the child and staff member is significant and highlights the inability of managers

and staff to mitigate against and manage these risks.

There is a lot of conflict within this current group of children. Managers and staff are finding it very difficult to manage the overall group dynamics and are regularly having to respond to interactional difficulties between children. There is an evolving culture where children are beginning to control staff responses using negative behaviour and incidents of bullying behaviour are frequent. Some children quite openly admit to influencing others to create difficulties for staff. Managers and staff are aware of this but have not been able to address these types of behaviour in a way that promotes positive relationships between the children, and in some cases between children and staff.

The effectiveness of leaders and managers: inadequate

Leaders and managers have failed to lead and manage the home in a way that keeps children and staff safe from harm. The senior leadership team does not work in a cohesive and effective way. It has not managed to make and sustain essential improvements.. This is exacerbated by a failure to address escalating behaviour, which has resulted in the care provided to children being reactive and detrimental to their progress overall.

There is an insufficient number of experienced and sufficiently skilled staff working in this home. Staff vacancies are compounded by absences due to other factors such as sickness and redeployment to non-childcare duties because of allegations. This leaves a lot of new and inexperienced staff who do not have the skills, knowledge or experience to understand or manage effectively the complex, challenging and risk-taking behaviour of the children in the home. This is placing children and staff at significant risk of harm.

There is a lack of management oversight and quality assurance systems are ineffective. The need to respond to challenging behaviour is compromising the time that managers can spend quality assuring staff practice and the conduct of the home. Shortfalls, many identified at the last inspection, are not being addressed in a way that promotes improvement or keeps staff and children safe.

Several staff told the inspectors that they do not feel safe when working with this group of children. Senior leaders are aware of this view and confirmed with inspectors that they also do not feel that children are safe. Despite this, senior leaders have been ineffective in identifying and implementing measures of control that reduce the risk to both the children and staff.

Prompted by the concerns raised, steps were taken towards the end of the inspection to seek to reduce some of the risks identified by the inspectors. This included strengthening the staff team, establishing more appropriate risk management plans and further reducing the number of children accommodated in the home from six to four. These urgent measures have mitigated some of the risks in respect of the children currently placed. However, the risks would be increased if further children are admitted to the setting.

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

Since the previous inspection, the shared understanding between education and residential staff of the importance of education has declined. Consequently, residential staff do not have high enough expectations of what children can achieve.

Over recent weeks, the behaviour of children has deteriorated significantly. Behaviour management across the residential and education units is chaotic. Consequently, too few children currently attend their lessons.

Managers have adapted the curriculum appropriately to account for children's short-term stays. However, as managers implemented the new curriculum recently, it is too soon to evaluate its impact on helping children in their next stages of learning.

Children who attend their lessons are motivated, enthusiastic to learn and take pride in their work. They are polite and respectful.

Most teachers plan and structure learning effectively to enable children to make good progress. Activities help children to generate new ideas that are spontaneous and creative. Teachers think carefully about how children can improve their English skills in their lessons. However, the quality of teaching and learning is not consistent across all subject areas.

The quality of information about children's starting points has improved. Most teachers use this information to set challenging targets that help children to develop their knowledge and skills quickly. Progress monitoring is thorough. Teachers identify consistently what children do well and what they need to do to achieve even more. However, teachers do not check that learning support strategies are effectively ensuring that all children can achieve their full potential.

Education staff are appropriately qualified. They benefit from relevant staff development that helps them to support children's needs effectively, including those with complex needs.

Quality improvement arrangements are not yet rigorous enough. While education managers continue to identify the strengths and weaknesses of the provision accurately, the self-evaluation form does not evaluate the impact of managers' actions on improving the quality of the provision.

Teachers' annual performance management reviews do not focus sufficiently on the quality of their teaching. The head of education has still not been appraised or had targets set to support her to improve the quality of education.

Leaders do not have enough oversight of the quality of education. They do not hold education managers to account to ensure that standards improve rapidly.

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: Sarah Swanson

Registered manager: Marie Higgins

Inspectors

Paul Scott: social care inspector

Elaine Allison: social care inspector

Cathey Moriarty: social care inspector

Suzanne Wainwright: HMI, FES

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