

SC033362

Registered provider: Peterborough City Council

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This secure children's home is operated by a local authority and is approved by the Secretary of State to restrict young people's liberty.

The children's home can accommodate up to 17 children who are aged between 10 and 17. It provides care for children accommodated under section 25 of the Children Act 1989, who are placed by local authorities.

Admission of any young person 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 at 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 managed the home since May 2013

Inspection dates: 5 to 6 November 2019

Overall experiences and progress of children and young people, taking into account **requires improvement to be good**

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

Health services **good**

The effectiveness of leaders and managers **requires improvement to be good**

Outcomes in education and related learning activities **not inspected on this inspection**

The children's home is not yet delivering good help and care for children and young people. However, there are no serious or widespread failures that result in their welfare not being safeguarded or promoted.

Date of last inspection: 16 July 2019

Overall judgement at last inspection: inadequate

Enforcement action since last inspection:

Ofsted served two compliance notices relating to the protection of children and leadership and management, following the full inspection in July 2019. A monitoring visit took place in September 2019. A further compliance notice was served in respect of leadership and management. A second monitoring visit in October 2019 found that the provider had met the steps set out in all three compliance notices.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
16/07/2019	Full	Inadequate
30/01/2019	Interim	Improved effectiveness
22/05/2018	Full	Requires improvement to be good
16/01/2018	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 persons 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 persons 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>In particular, the standard in paragraph (1) requires the registered person to—</p> <p>ensure that the premises used for the purposes of the home are designed and furnished so as to—</p> <p>meet the needs of each child.</p> <p>(Regulation 6(1)(a)(2)(c)(i))</p> <p>All areas of the home must be decorated and furnished to a high standard, with appropriate personalisation to assist in creating as homely an environment as possible.</p>	<p>30/03/2020</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>28/01/2020</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(3)(a)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(b)(i)(ii)(c))</p> <p>In particular, ensure that there is consistent recording of meaningful debriefs when these incidents have occurred.</p>	
<p>If the Regulatory Reform (Fire Safety) Order 2005(a) applies to the home—</p> <p>the registered person must ensure that the requirements of that Order and any regulations made under it, except for article 23 (duties of employees), are complied with in respect of the home.</p> <p>(Regulation 25(2)(b))</p> <p>In particular update the fire risk assessment when necessary so that important changes to the environment are noted and managed.</p>	18/12/2019
<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 their welfare.</p> <p>In particular, the standard in paragraph (1) requires the registered person to—</p>	28/01/2020

<p>use monitoring and review systems to make continuous improvements in the quality of care provided in the home.</p> <p>(Regulation 13(1)(b)(2)(h))</p> <p>In particular, continue to develop monitoring systems that alert managers to shortfalls. The systems should include debriefs, single-separation recording, transition planning and obtaining admission documentation for all children.</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.</p> <p>(Regulation 5(c))</p> <p>In particular, escalate concerns to a senior level when children do not have an identified new placement and an appropriate planned transition within timescales.</p>	<p>28/01/2019</p>

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)

In particular:

In conjunction with centre managers, review the mixing policy to ensure that children benefit from whole-school activities and that higher-level learners are enabled to mix with their peers.

Monitor closely the work of the new student support team so that children who are not attending school are able to receive good-quality education in their units.

Improve movements between lessons so that children arrive punctually and are ready to learn.

- Medicines must be administered in line with a medically approved protocol. Records must be kept of the administration of all medication, which includes occasions when prescribed medication is refused. Regulation 23 requires the registered person to ensure that they make suitable arrangements to manage, administer and dispose of any medication. These are fundamentally the same sorts of arrangements as a good parent would make but are subject to additional

safeguards. When the home has questions or concerns about a child's medication, the staff should approach an expert such as a general medical practitioner, community pharmacist or designated nurse for looked-after children. ('Guide to the children's homes regulations including the quality standards', page 35, paragraph 7.15)

In particular, the home's audits of medicines' administration should include sufficient detail, including actions taken in response to any concerns identified.

- The registered person should ensure that staff can access appropriate facilities and resources to support their training needs and should understand the key role they play in the training and development of staff in the home. ('Guide to the children's homes regulations including the quality standards', page 53, paragraph 10.11)

In particular, all care staff who administer medicines should complete competency training in this regard.

- The registered person is responsible for ensuring that all staff consistently follow the home's policies and procedures for the benefit of the children in the home's care. Everyone working at the home must understand their roles and responsibilities and what they are authorised to decide on their own initiative. There should be clear lines of accountability. Each home must have clear arrangements in place to maintain effective management when the manager is absent, off duty or on leave. ('Guide to the children's homes regulations including the quality standards', page 54, paragraph 10.20)

In particular, ensure that all staff consistently follow the home's guidelines on security.

- The registered person should only accept placements for children where they are satisfied that the home can respond effectively to the child's assessed needs as recorded in the child's relevant plans and where they have fully considered the impact that the placement will have on the existing group of children. The Statement of Purpose is an important document in the process of care planning as it sets out the needs of children the home is set up and equipped to care for. ('Guide to the children's homes regulations including the quality standards', page 56, paragraph 11.4)

In particular, access children's 'looked after' documentation at the point of admission.

- Regulations 35-39 detail the records that must be kept in children's homes. All children's case records (regulation 36) must be kept up to date and stored securely whilst they remain in the home. ('Guide to the children's homes regulations including the quality standards', page 62, paragraph 14.3)

In particular, monitor and record external health appointment cancellations.

Inspection judgements

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

The children make sufficient progress in all areas of their development from their individual starting points. Effective joint working and multi-agency meetings with care, health and education staff identify actions and specific targets that support the children's progress.

The staff ensure that the children are central to their care plans. The staff have an informed understanding of children's individual needs and implement strategies to meet them.

The children spend good-quality time with the staff, who build effective relationships with them. Experienced and competent staff build these relationships swiftly. The children said that they are happy and enjoy the staff's company.

The staff provide the children with regular, meaningful and focused key-work sessions. These sessions cover relevant topics such as behaviour, child sexual exploitation, self-harm and self-esteem. The sessions help the children to make better choices about how to keep themselves safe. One child spoke about the positive change in her behaviours because of the specific work with the staff.

The children engage in children's meetings in which they can influence changes to the running of the home. The staff's approach to risk management has changed after consultation with the children. It is clear that the managers and the staff act on children's views. Consequently, the children feel valued and listened to.

The children benefit from a range of activities. They enjoy after-school cooking club, sports and arts and crafts activities. These provide the children with consistency and routine and help to re-establish their hobbies and interests. Attending clubs and activities increases the children's social peer group.

The children spend time in the community. Going out helps the children to develop new skills, confidence and resilience. It improves their ability to make decisions about keeping themselves safe in a realistic environment.

The staff have made some improvement to the children's living environment. However, although some communal areas have been freshly painted, most areas continue to be uninviting. The home is still showing signs of wear and tear and lacks homely touches throughout.

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

There is now more consistency in the management of potential breaches of security. Managerial monitoring and changes in protocols since the last inspection in July have resulted in shortfalls being recognised and addressed promptly. However, consistency in practice has not been embedded. Managers recognise this and continue with their efforts to improve this area of practice.

Although debriefing sessions with children and members of staff have improved, these are not yet of a consistently good quality and are not always carried out. There are still several occasions when the content of the debrief sessions has not been sufficiently recorded and efforts made to carry the sessions out are not evidenced.

The staff awareness of group dynamics is good. Observation of staff practice showed that the staff know when children are struggling and there is potential conflict. Support to the children on these occasions is sensitive, and significant efforts are made to resolve conflict and to ensure everyone's emotional and physical safety. The children acknowledged staff's attempts to help them to resolve their differences. As a result, the children engage in group meetings and learn, with staff guidance, to resolve conflict. This develops their tolerance and understanding of each other.

The staff continue to develop their awareness of their duties and their understanding of the children's presenting behaviour and needs. Consequently, with management support and guidance, critical incidents related to shortfalls in staff's practice have reduced.

The children are involved in developing their individual behaviour management plans. The plans outline what strategies are useful when a child is struggling or anxious. Multi-disciplinary professionals, including psychologists, psychiatrists, therapists and key workers, review the plans. These plans help the children to reflect on their behaviours and to implement more positive coping strategies.

The children are aware of the behavioural expectations and understand and value the rewards that they can earn. Their success is celebrated by members of staff. This motivates them and helps them to develop a sense of pride and responsibility for their achievements.

Incidents of single-separation are used appropriately. The staff have improved the quality of their recording of these incidents. Managers oversee these records, although the evaluation and monitoring are not always detailed. For example, a generic statement was being used to cover a period in which single-separation was necessary rather than one that showed detailed assessment of the measure.

The staff know what to do and who to inform if there are concerns about a child's well-being or the conduct of a member of staff. Records show that these issues are shared promptly so that action can be taken in a timely and effective manner.

Checks of the environment are carried out to ensure that it is safe and that security is maintained. Fire drills consider the secure nature of this home. However, the fire risk assessment had not been amended to reflect the storage of oxygen in the health suite. Although this has not had an impact on the safety of the children, the presence of this cylinder and associated potential hazard need to be included in the risk assessment.

Health service: good

Health services are provided by Cambridgeshire and Peterborough NHS Foundation Trust. The dedicated and caring health and well-being team is well resourced and meets the children's physical and mental health needs effectively.

Health staff promptly identify children's health and well-being needs through the 'comprehensive health assessment tool', which informs an individual care plan for each child. A clear pathway of care informs children's ongoing care.

Three registered general nurses provide daily triage sessions to support children's immediate physical health needs. The staff reported good support from a local general practitioner (GP), although this provision is being reviewed as the community practice is closing in 2020. A recent change of dental provider has improved access to treatment. The dentist has agreed to attend the home to provide oral health promotion and advice. Community-equivalent arrangements are in place for out-of-hours support.

Health and care staff said that cancellations of external health appointments have decreased, although the home does not formally record this information.

The integrated care framework that addresses the needs of children and young people in secure settings is developing well. Children receive excellent mental health support from multi-disciplinary staff, including psychologists, a consultant psychiatrist, registered mental health nurses and an occupational therapist. The team provides effective individual and group therapeutic interventions. The formulation process is being developed to better involve children. Three new support worker roles will help the team to increase engagement with children.

Developments in the range of services available since the last inspection include a speech and language therapist visiting for half a day every week. One of the physical health nurses, available 3 days a week, has a specialist knowledge base in sexual health. Partnership arrangements have been made with locality sexual health services and General Practice to ensure robust and timely screening and treatment. The pathway for substance misuse assessment and intervention is currently under review by the trust and locality services to ensure it is fully robust. However, assessment and psychosocial intervention are currently available through locality substance misuse services.

Joint working between care staff and health staff is improving the quality of care. This is evident in improved multi-disciplinary attendance at case management meetings and

formulation meetings, trust audits of control and restraint by care staff, joint safeguarding supervision and more regular joint reviews of incidents.

The clinical lead delivers regular trauma-informed training for care staff, including induction for new staff. Although care and health staff use separate recording systems, joint care plans are updated promptly in paper and electronic clinical records to help promote continuity and quality of care.

Infection control measures have improved significantly, and an audit schedule and weekly checks of the clinical room are now embedded. Regular safety checks of emergency equipment are also undertaken.

Medicines' management is improving. Medicines' storage and administration are generally safe, although there is some variation in practice across the units. All care staff have basic medicines' administration training, although only a quarter of staff have yet completed competency training, partly due to external delays. The number of medicines' administration incidents identified is reducing and oversight is improving. This is achieved with a regular medicines' management meeting, monthly trust audit and support from a community pharmacist, although some findings from bi-weekly local audits lack enough detail.

The effectiveness of leaders and managers: requires improvement to be good

The registered manager, senior leadership team and staff have made substantial improvements to the quality of care provided to the children and to ensure their safety. This has been achieved through making significant changes to the monitoring systems and the oversight of the service both internally and externally.

Staff at all levels have clarity on their roles and responsibilities. New quality assurance systems prompt the staff to make sure that the care tasks and supporting work are undertaken. This more robust approach enables the quick detection of most omissions, which are swiftly rectified. Although, some shortfalls have been found, the staff and management team recognise that they are at the start of raising the quality of care at the home. There is a strong desire to build on this further, going forward.

Action has been taken to address most of the requirements and recommendations made at the last full inspection in July 2019. These include: providing adequate health resources; consultation with children; increasing the range of and children's participation in social and leisure activities; auditing infection controls; behaviour management measures and keeping children safe from harm; the appropriate use of single-separation and managing away; ensuring that there are sufficient, suitably experienced and trained staff; ensuring children's access to fully operational telephone systems; following safer recruitment practices for agency staff; reporting serious incidents to Ofsted; and maintaining up-to-date training records.

Two requirements have not fully been met. These relate to the standard of the

environment and aspects of the monitoring of the service.

The staff are committed to working positively with external professionals. In the main, these professionals reported that there is good communication between them and the staff.

There have been a number of instances of shortfalls by placing authorities in transition planning and finding new placements for children in a timely manner, as their secure orders end. The home contacts the placing authorities to chase such matters to try to ensure that children have a planned transition. However, these concerns have not been sufficiently escalated when no action has been taken by the placing social worker. This has a negative impact on the children concerned. The manager has missed a crucial opportunity to escalate and challenge the placing local authority at a senior level. This has prevented some children from receiving the best transition when leaving the home.

On occasions, children have been admitted to the home without all the children looked after documentation. These records include essential information that is required to establish whether the referred child's needs can be fully met by the home. The monitoring systems have fallen short of detecting these deficits.

Ofsted, as the regulator, receives notifications of serious incidents appropriately. This enables Ofsted to monitor the practice at the home.

Safer recruitment checks are routinely undertaken for all staff employed at the home, including the agency staff. Work continues to progress to address the recruitment and retention of staff. Five staff vacancies remain, and a further recruitment drive is imminent. The home is not using agency staff.

The children benefit from having a more balanced staff team working with them. Experienced staff work alongside newer staff members. Suitable staffing levels on each shift enable more consistent care for the children. Staffing levels are maintained in line with or in excess of the arrangements set out in the home's statement of purpose. New staff continue to build on their experience and skills. This is being achieved through the staff accessing suitable training guidance and support, which enables continued improvement.

The staff receive the organisation's mandatory training, which is tracked on an up-to-date training information matrix. The staff also receive more specialist training in areas such as managing self-harm, understanding child sexual exploitation, the 'Prevent' duty and understanding child trauma. The induction training for new staff has been enhanced, with additional time on shadow shifts and staff benefiting from a supporting mentor. The children benefit from the staff's increased knowledge and understanding of the children's needs.

The staff and the management team hold a range of meetings that involve the care, health and education staff. This multi-disciplinary approach benefits the children and better supports the monitoring of their progress. The delivery of routine staff supervision

has improved, along with regular staff meetings and daily shift handovers. The dedicated staff are positive about the improved communication and support that they receive from the management team and each other.

Complaints made by the children are taken seriously. Managers actively investigate and act to address all matters. The number of formal complaints made by the children has reduced in the last month. This indicates that the children are more satisfied with their care. In addition, the children have regular access to the independent National Youth Advocacy Service, which will take up matters on their behalf.

Outcomes in education and related learning activities: good

Education has not been checked on this inspection.

Recommendations made at the July 2019 inspection will be checked on the next full inspection.

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: SC033362

Provision sub-type: Secure unit

Registered provider address: Peterborough City Council, Chief Executive, Town Hall, Bridge Street, Peterborough PE1 1PJ

Responsible individual: Wendi Ogle-Welbourn

Registered manager: Jeannette Winson

Inspectors

Debbie Foster: social care inspector
Paul Taylor: social care inspector
Natalie Burton: social care inspector
Tim Byrom: CQC inspector

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