Medway Secure Training Centre

HMPPS Youth Custody Service
Sir Evelyn Road
Rochester
Kent
ME1 3YB

Annual Inspection

Inspected under the secure training centres joint inspection framework

Information about this secure training centre

Medway Secure Training Centre is operated by Her Majesty's Prison and Probation Service. The centre provides accommodation for up to 67 male and female children aged 12 to 18 years who are serving a custodial sentence or who are remanded to custody by the courts.

Education is provided onsite by Nacro. Healthcare services are provided onsite by the Central and North West London NHS Foundation Trust. The commissioning of health services at this centre is the statutory responsibility of NHS England, under the Health and Social Care Act 2012.

Inspection dates: 21 to 25 October 2019

Overall experiences and progress of children and young people, including judgements on:	**Inadequate**
Children's education and learning	Good

Ofsted

Children's health	Requires improvement to be good
Children's resettlement	Requires improvement to be good
Taking into account: How well children and young people are helped and protected	Inadequate
The effectiveness of leaders and managers	Inadequate

Date of last inspection: 3–7 December 2018

Overall judgement at last inspection: Requires improvement to be good

Recent inspection history

Inspection date	Inspection type	Inspection judgement
3–7 December 2018	Annual	Requires improvement to be good
26 February–21 March 2018	Annual	Requires improvement to be good
6–10 March 2017	Annual	Inadequate

Inspection judgements

Overall experiences and progress of children and young people: Inadequate

1. The overall progress and experience of children is inadequate due to serious concerns relating to ineffective strategies to manage serious and significant incidents. The quality of practice has declined since the last inspection and not only places children at risk of harm, but also gives them an inadequate experience of care and support.

2. The centre is scheduled for closure on 31 March 2020. At the time of the inspection, 29 children were being provided with accommodation.

3. Use of force has increased significantly, and pain inflicting techniques continue to be used on children. Healthcare professionals determined that a child required hospital treatment following an incident of self-harm, although managers overruled this, and a serious allegation of abuse was not referred to relevant authorities. This places children at unacceptable risk.

4. Children are sometimes locked in their rooms in a restricted regime at periods that are not normal sleeping hours. Children report feeling a sense of injustice when, through no fault of their own, they are locked in. This means that they miss out on activities that they have earned through the centre's behaviour management strategy (BMS). Implementing a restricted regime is due to staff shortages and the high number of physical interventions that were taking place over a number of weeks. This has a serious impact on children's experiences.

5. The range of health services provided for children at the centre means that they have good access to health professionals, and this leads to improved health outcomes. However, information provided by the healthcare team does not always inform children's minimising and managing physical restraint (MMPR) planning, and essential information held by the centre is not always passed to healthcare staff. This has the potential to impact on children's health, well-being and safety.

6. The timing of the admission of children to the centre has improved. There has been one admission after midnight since the previous inspection and 14 after 9pm. However, these late admissions continue to impede the centre in helping children to settle in their first few hours.

7. The quality of care and support that children receive from centre staff is very mixed. Children can identify staff members who they are able to confide in and who they feel genuinely care for them. They also report that some staff do not treat them with respect and understanding.

8. Inspectors experienced a relaxed atmosphere within the centre, with a free flow of movement for children that is safely managed and beneficial to their well-being. Children walk together to and from the dining room and socialise in the grassed central area, and this gives them a more normalised experience. Most children report that they feel safe in the centre. However, findings from this inspection show that practices at the centre place children at risk.

9. The physical environment in children's living units has improved since the previous inspection. Living units are brightly decorated, homely and well maintained. The induction unit has a welcoming environment, and thought is given to how children's needs can be met when they first come into the centre.

10. Children's induction to education is effective and is based on a thorough initial assessment of their starting levels. Because of good teaching and support, most children settle well into learning and they make good progress.

11. Children at the centre know how to complain, and they have access to advocates who will provide them with support when they need to make a complaint. The centre's responses to children's complaints are inconsistent. Most responses fail to acknowledge any upset that may have been caused or to identify clearly if mistakes have been made. Written responses to children's complaints do not inform children of what steps are taken to investigate their concerns. Some children reported that their lack of confidence in the complaints system discourages them from raising concerns. This has serious implications for safeguarding practice at the centre and creates the potential for harmful behaviour to go undetected. The recommendation made at the previous inspection has not yet been fully achieved.

12. A new youth council has been recently formed following a period of five months without one. The children involved provide excellent feedback on the experiences of all children at the centre and have valuable ideas about how to improve the service. There are no girls on the current youth council, which deprives girls of the opportunity of equal participation. The impact of the youth council is currently limited because it has not yet met with senior managers of the centre and its work is not yet contributing to service development.

13. Each child has a dedicated custody support plan (CuSP) officer. They undertake direct work with children to help them develop insight into their behaviours and to help them to reduce behaviours that may be harmful. These sessions also provide a safe space for children to explore how to strengthen and sustain positive relationships with their families and peers. Children enjoy meeting with their CuSP officers, but the impact of this work is hindered because these sessions often get cancelled due to staff shortages.

14. Residential staff do not always know how to access some key information that they need in order to provide effective and safe day-to-day care for children. In one example, residential

Ofsted

staff were not aware that a child had asthma. In another example, they did not understand what they might need to consider when providing care and support for a child who is diagnosed with having autism spectrum disorder. On both occasions, information had been provided by the healthcare team.

15. The centre has a dedicated officer whose role is to promote equality and diversity. They provide helpful information and interventions to educate children, including in response to discriminatory behaviour. Children report that they feel that they are treated fairly and that their cultural needs are, on the whole, understood. Some children act as youth equalities representatives. They model positive behaviour and raise equality and diversity issues with the staff. Despite this positive focus on promoting equality and diversity, some shortfalls remain. For example, black and ethnic minority children must pay for products that are necessary to keep their hair and skin healthy, which is not acceptable. The centre has agreed to address this and provide these essential products free of charge.

16. Staff support children to have positive contact with their families. The centre puts a lot of thought and effort into arranging family days. These events are designed to ensure that children and families can spend good, quality time with each other.

17. The centre chaplain provides a range of pastoral services so that children receive the support they need to follow their chosen faith. Due to recent changes in staffing, an Imam is currently not available for those who practise the Muslim faith. This means that children have not been able to participate in Friday prayers in recent weeks.

18. A range of activities are planned for children, including football, boxing, gym, basketball, arts, crafts and music. The plans have the potential to provide children with engaging interests and to promote healthy lifestyles. However, due to staff shortages, and children sometimes being on a restricted regime, children cannot always take part.

19. The centre works closely with an external youth work provider to design activities that promote social learning and fun experiences. Children value these activities and engage well with them. Some children make good use of an initiative provided by an external organisation in partnership with a university. This enables children whose plans provide for this to participate in community-based activities, including caving, archery and bush craft. They also take part in a residential sailing trip. These activities are accredited, and children gain Duke of Edinburgh's awards. This gives children a sense of achievement and provides a useful qualification for future employment.

20. Resettlement work is well coordinated by caseworkers, who demonstrate a good knowledge of the children they work with and make good contact with parents/carers and external agencies. Engagement by centre staff is not consistent and they do not always contribute to or understand children's plans.

Children's education and learning: Good

21. Education mangers and teaching staff have worked well during the ongoing preparation for the closure of the centre. They demonstrate a commitment to delivering high-quality education to the children in their care, despite the uncertainty about the future.

22. All but one of the key education and learning recommendations made at the previous inspection have been fully addressed. A particularly successful reading strategy has been implemented to support children to take up reading and improve their literacy. Children enjoy reading individually or in groups, and they enjoy making their own reading choices. Staff support these sessions well, and this contributes to the development of caring and positive relationships between children and adults. Furthermore, two children have taken up an interest in animal care and they have received training that they put into practice when walking and showcasing the school dog in local events. The availability of information technology to support learning has been well established since the previous inspection, and children now access qualifications in information technology. De-escalation areas have been refurbished and present a welcoming environment. The need for using de-escalation rooms as part of the behaviour management strategy has reduced considerably, in line with the mostly positive behaviour observed in classes.

23. Children access a curriculum that focuses very well on securing their academic progress and achievement. They make good use of the opportunities to learn and practise their information and communication technology (ICT) skills across many different subjects. Teachers do not measure the progress that children make with these skills across the curriculum. The lack of staff in carpentry has meant that no qualifications have been taken in this subject, although a new carpentry tutor has just taken up post.

24. Children benefit from a well-thought-through range of enrichment activities, accessing, often for the first time, a wide range of cultural and sports experiences. For example, well-known musicians have visited the centre to perform and listen to the children as they showcased their own music productions. Staff at the centre participate in these events with the children, and this strengthens relationships.

25. Staff carry out a thorough initial assessment of children's starting points. Staff and managers use this information particularly well to plan learning and set targets for improvement. Parents and carers value highly the periodic feedback provided to them about the progress their children make.

26. The special educational needs co-ordinator provides staff with extensive teaching strategies to support those children with additional needs and/or difficulties to learn. In a few of the sampled cases, the diagnosis of these needs was not carried out or followed up in a timely manner. As a result, education staff do not always have the full picture of a child's learning

needs and/or difficulties in order to provide the support the child needs to progress as well as they can.

27. Children benefit from a warm and conducive learning environment, where they apply themselves to tasks productively and quickly. Children feel safe while attending education, although unsafe working practices by teaching staff in one area of learning were observed. Managers promptly and diligently rectified this issue.

28. Teachers plan and deliver learning activities very well. Many activities are engaging, visual and very dynamic, which keeps children interested and engaged. The vast majority of teachers provide children with feedback that is helpful and constructive. They successfully promote topics such as gender equality and diversity, celebrating events such as Black History month. Learning support assistants promote inclusivity well by supporting all children, regardless of their barriers to learning, to participate in lessons and to feel included.

29. Children take pride in their work and in their achievements. They behave well in lessons and are respectful to their tutors and each other. Attendance is high. The few children who refuse to attend education receive appropriate individual learning support until they are ready to join classes. Lessons start on time, which promotes a good study ethic. However, a few children leave early because they have to attend other appointments.

30. Children benefit from good careers information, advice and guidance. This ensures that their needs and interests inform their learning plan well. Children engage early with the planning of their education, training and employment resettlement. Since the last inspection, the centre has supported the vast majority of children released in securing a school or college placement.

31. Children are able to use their approved temporary release to increase their understanding of the employment world via work placement experience. Managers and staff have further developed the external partnerships that support children’s resettlement. A successful partnership with a bank has helped children with opening a bank account and learning to manage their finances. A local construction company has supported 10 children well with obtaining their construction skills certification scheme (CSCS) card and undertaking plumbing courses while on temporary release.

32. Children make very good progress towards achieving their academic qualifications. They achieve their functional skills qualifications in English and mathematics. Almost all children who start a qualification complete it. Their overall progress is particularly good in mathematics, considering their low prior attainment. Achievement of vocational qualifications is similarly high. Impressively, children make good progress towards improving their personal and social skills while at the centre. They significantly improve their communication skills and they learn to work well with their peers.

Children’s health: Requires improvement to be good

33. The healthcare team provides an effective and responsive physical and mental health service for children. This work does not always result in effective support from the centre, and there have been multiple incidents where healthcare advice has not been put in place, has been overruled by the centre, or where essential information has not been passed to health staff promptly.

34. Although healthcare staff attend all key meetings and most young people’s reviews, communication between the centre and the healthcare team is not fully effective, which was also the case at the previous inspection. Information is not consistently passed on to the healthcare team to enable it to support children effectively. For example, a child asked to see the dentist, but as this information was not passed on to the healthcare team, this request could not be considered; a formal referral was not made to the substance misuse team after a child used cannabis; and the healthcare team was not informed promptly that a child due to arrive at the centre after hours was not coming.

35. Following a serious incident, a nurse requested that a child was taken to hospital. This was overruled by centre managers. Consequently, the health, well-being and safety of this child was significantly compromised. The decision was not reviewed after the incident to ensure that it would not happen again.

36. Plans to implement Secure Stairs, the NHS integrated care model to improve the psychological well-being of children in custodial settings, have been scaled back due to the planned closure of the centre. This means that the centre has not been able to implement the approach of embedding healthcare staff on units to support staff in improving the health and well-being of children and would have supported the sharing of information. Instead, the focus is on a bespoke programme involving case formulations and providing centre case managers and officers with support to manage children with significant needs.

37. Twice-weekly staff support group sessions facilitated by healthcare professionals are well attended. They provide staff with insight into children’s behaviour, into how best to work to support them, and into how to cope with any trauma they might experience. Inspectors spoke to staff who have not yet been given the opportunity to attend any sessions due to work scheduling.

38. Healthcare at the centre is provided by Central and North West London NHS Foundation Trust (CNWL). The healthcare team has two physical nursing vacancies, which are being managed by bank shifts. Uncertainty over the timescales for the centre’s future makes it difficult to plan.

39. The CAMHS team continues to provide an effective range of psychiatric, psychological and substance misuse interventions, along with family therapy and other therapeutic support. Initial assessments and multi-disciplinary case discussions enable the team to decide, based on need and timescales, on the most appropriate interventions for each child in order to best support them during their time at the centre. Caseloads are low, enabling work with children to start promptly.

40. Rooms in the Health and Wellbeing Centre have been made more therapeutic and welcoming through the repurposing of furniture and noticeboards from closed residential units. This provides the opportunity for artwork and health promotional material to be more widely displayed. The clinical treatment room meets infection control standards and medicine management is safe.

41. Cabinets have been placed in some of the rooms of residential units to allow children transitioning to the adult estate to begin managing more of their own medication. No children have yet been identified as being appropriate for the scheme, so all oral medicines continue to be taken under the supervision of nurses.

42. Access to healthcare clinics continues to be responsive to children's physical and mental health needs, and there are no waiting lists. Nurses are onsite daily within children's waking hours. Routine appointment slots for all regular healthcare clinics are available within a week. Children with urgent concerns are seen on the day by a nurse or GP, at the next visiting clinic, or will usually be taken out of the centre for dental or hospital treatment as required.

43. Kent Community Health NHS Foundation Trust provides a fortnightly dental service in a mobile unit. Children say they are treated in a caring manner by the dental team, which is able to offer a full range of treatments in the fully functioning and well-maintained dental suite. Children requiring orthodontic treatment are supported to access treatment in the community, usually in their home area, to ensure continuity of care.

44. There is currently no permanent speech and language therapy (SALT) provision as the trust has been unable to recruit to a maternity cover position. Support is available from a therapist at a local young offender's institution if a referral is required. None of the children currently at the centre have significant communication needs, and there has been no requirement to use this service. There are plans in place to offer a one-day-a-week provision. Pathways for autism spectrum disorder, ADHD and learning disability continue to be used effectively.

45. There is a low number of children with a sexual index offence, of children known to be victims of child sexual exploitation, and of children with a history of sexually inappropriate behaviour. The sexual behaviour service is therefore focused on empowering centre and

education staff to manage and challenge sexually inappropriate behaviour in an effective and sensitive manner.

46. Initial Comprehensive Health Assessment Tools (CHATs) are undertaken promptly on children's arrival at the centre. Appropriate care plans are devised and followed by healthcare staff to support children with conditions such as asthma and diabetes. Plans passed on by the healthcare team to residential and other staff are not always effectively used to inform residential care or behaviour management.

47. Electronic health records are well kept and clear, although inspectors found one example where a child's congenital condition could have been more clearly noted to ensure that an external hospital review was not missed. Children are encouraged to receive missed childhood immunisations and the winter flu vaccine.

48. The kitchen continues to provide nourishing and popular meals, many of which are fully prepared on site, such as the homemade soup. The team continues to source and test new recipes to encourage children to eat healthily and to cater for cultural and religious preferences. The team works with children to address their dietary needs and to improve their confidence in making appropriate meal choices.

49. Health promotion work follows an annual calendar and includes health fairs and special events. The centre recently marked World Mental Health Day with activities that included an art competition and a tea party with Samaritans volunteers. Health representatives are being recruited from among the children to be more closely involved in future projects.

50. Healthcare staff address most children's concerns in person and there are few written complaints. Child-friendly complaint forms are widely available. Complaints received are responded to promptly and fairly and are used to inform treatment and care in contrast to complaints process from the centre.

Children's resettlement: Requires improvement to be good

51. The casework team which manages resettlement work for children has clear leadership and a focus on helping children to progress. There are some issues with all centre staff understanding their role in supporting resettlement, reducing reoffending work and sharing information.

52. Caseworkers have manageable caseloads of up to six children who they have frequent contact with and know well. Caseworkers' contact with families/carers and external professionals is good. The use of the Youth Justice Application Framework (YJAF) to share information internally and externally is still not consistent. There is prompt initial assessment of children's risks and needs, including child sexual exploitation. However,

many residential care staff are unaware of this information. This means that important objectives in children's plans are not understood or implemented.

53. Children attend regular training, planning or remand meetings where their targets are discussed. Parents/carers are encouraged to attend these reviews with external Youth Offending Team (YOT) workers and other community professionals involved with the child's care. There is variable attendance at these meetings from centre staff of different disciplines, which does not always support a holistic discussion of the child, their risks and needs.

54. Caseworkers have access to informative notes of CuSP meetings for some children, but the standard is variable, and the centre's own monitoring indicates that too many CuSP sessions are not taking place. The absence of CuSP officers from many training, planning and remand meetings is a missed opportunity for them to support resettlement work. In general, residential staff are not aware of training, planning and remand plans or do not know important features of children's experience and care needs. Therefore, there has been some progress towards the recommendation made at the previous inspection, but it has not yet been fully achieved.

55. Only 68% of children know that they have a plan with targets to work towards, although all who know they have a plan understand what they need to do to achieve their targets. Some plans show a clear progression route, but others lack detail on children's progress in addressing risk and likelihood of reoffending.

56. The enhanced support services meeting is a useful forum for discussing children with complex needs, but meeting minutes do not always clearly indicate who has responsibility for the actions to be taken.

57. The monthly interdepartmental risk management team, which was relatively new at the previous inspection, is now embedded. The centre has maintained its focus on children who are eligible for multi-agency public protection arrangements (MAPPA) management. Restrictions on contact are applied when needed and are reviewed on a regular basis.

58. The centre's resettlement brokers work closely with the casework team and provide children with advice and support in their preparation for release and progression. They liaise well with education and training providers to source suitable options for children on release and are an integral part of temporary release work.

59. Good use is being made of temporary release to support progression and resettlement. Children spoken to who are eligible for temporary release are motivated to work towards it. Careful thought is given to risks, while suitable children are provided with temporary release opportunities that are consistent with their needs and plans for the future.

60. Children looked after receive variable levels of support from their local authority. Children are disadvantaged because some local authorities are reluctant to support children financially while they are at the centre.

61. Children can make daily free phone calls and the centre assists with travel for parents/carers to have visits and to attend their child's review meetings. All contact has to be approved, which can sometimes result in delays. Family days are planned well to give every child an opportunity to attend. Families are kept updated on significant events/incidents that their child is involved in. The provision of family therapy work is a positive feature.

62. The centre offers some accredited interventions, which children can access relatively swiftly, although there is no assessment of impact on children. Specialist interventions are also provided, for example to address sexually harmful behaviour, fire setting and substance misuse. It is less clear how progress in some of these interventions is used by caseworkers to inform future planning for children.

63. Discussions about release planning start early, including for children on remand who can be released at short notice. Children who are eligible for early release or home detention curfew have their cases considered in reasonable time, and most of those who are eligible achieve early release. Late identification of release addresses for some children hinders resettlement planning. Although no children have been released without an address to go to, there are examples of children remaining at the centre for up to two months beyond their earliest release date. Staff and managers escalate concerns to relevant authorities to remind them of their responsibilities to children.

64. Just under a third of children were serving custodial sentences of four years or more during the inspection. Transitions work to adult custodial provision is well planned and well carried out. The centre has good links with adult custodial establishments, and, when possible, arranges for children to meet or speak to staff from these provisions prior to their transfer.

65. The centre has good practice in following up the progress of children released. This includes attending their initial community reviews.

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

66. Serious weaknesses mean that children are at risk of harm and are not safeguarded. The help and protection available for some children who are frequently physically restrained by staff is insufficient to support them to break their complex cycle of behaviours. Across the centre, there is limited learning from incidents or significant and serious events to help to minimise the use of physical restraint. Consequently, some children continually experience poorly managed, overcrowded, frequent and prolonged physical restraints.

67. The use of force has increased dramatically since the last inspection. There have been approximately 359 incidents involving force in the last six months. There were approximately 115 incidents in September alone. Sometimes multiple incidents were recorded as one single incident. This means that the number of restraints may be higher than the amount recorded and may not accurately reflect children's day-to-day experiences. Three quarters of use of force incidents in September related to two children.

68. Staff have used techniques during physical restraint incidents that inflict pain on children seven times since the last inspection. However, in some instances, inflicting pain was not used where it would prevent serious harm to others. This practice is unacceptable.

69. Levels of violence remain similar to the previous inspection. There have been approximately 106 acts of violence over the last six months: 51 were child-on-child assaults or fights between children, and 55 were children assaulting staff. Many recorded violent incidents between children are low level, for example playfighting. Staff often intervene quickly to prevent violence between children escalating, and, consequently, only one child has needed hospital treatment in the last six months. There is an increase in the number of assaults on staff, some of which are very serious. In the last six months, staff have required hospital treatment on 14 occasions.

70. Force is frequently used to prevent children from harming themselves. In the last six months, 42% of the total use of force was in response to self-harm. While inspectors saw evidence of some staff successfully de-escalating these situations, practice is inconsistent. Force was sometimes used too quickly and without attempting de-escalation, and this did not always reflect the agreed strategies in children's plans. There are occasions when staff continued with a planned intervention, including the use of personal protective equipment (helmets with visors and the use of full-size shields), despite an evident reduction in risk. This causes significant and unnecessary distress to children.

71. In some instances, inspectors were concerned about the lack of appropriate responses to children who are repeatedly engaging in self-harm. This lack of response impacted on children's safety and well-being and meant that further multiple acts of self-harm were not prevented. Consequently, some children were placed at significant risk for long periods of time. In an attempt to mitigate levels of self-harm, there were five occasions when a child's bedroom was stripped of all furniture and personal belongings. Children have also worn specialist anti-rip clothing. Inspectors did not see any evidence that these strategies helped to reduce levels of self-harm or use of physical restraint.

72. Inspectors were concerned that healthcare staff decided that a child required hospital treatment following an incident of self-harm, but that this decision was overruled by centre staff, who decided that the child could not go to hospital because of their challenging behaviour. This placed the child at an unacceptable level of risk.

73. Information provided by healthcare staff to residential staff that relates to important factors required to support children’s physical and/or emotional health needs does not always result in updated MMPR handling plans. This places children at risk of harm.

74. Some assessment care and custody teamwork (ACCT) records are inconsistent. They do not provide sufficient detail to determine the actions to keep children safe. Some ACCT case review meeting minutes do not show that managers consider all available information in their decision-making. For example, if children have diagnosed learning disabilities.

75. ACCT plans do not consistently include the rationale for decisions made regarding the frequency of checks and observations needed to keep children safe from harming themselves or others. This lack of detail prevents managers from assessing the effectiveness of steps taken to protect children.

76. The safer communities’ model was introduced in August 2019. Its purpose is to manage and reduce the impact of anti-social behaviours, including bullying. The identification of bullying behaviours is now more effective. However, safer communities’ records are inconsistently completed and, in some cases, lack sufficient detail to establish either the initial concerns or to provide a sufficient overview of the discussion between staff and children.

77. There remains a concerning lack of preventative and follow-up intervention work to promote self-worth and to determine a better understanding of the impact of bullying. Consequently, bullying across the centre continues to be an issue.

78. The centre’s BMS has been relaunched since the previous inspection. It is positive that, on admission, children now have a number of items, for example televisions, that they previously had to earn. The preliminary evaluation and review of this change indicates that this has led to a reduction in the opening of initial ACCTs, because children are more honest in their own assessment of their mental health.

79. Through the BMS, children are able to obtain points throughout the day and can get daily, weekly and communal rewards for positive behaviour. Children who inspectors spoke with were mostly positive about the recent changes to the BMS. However, children are left feeling frustrated because, at times, there is insufficient items to ensure that all children who have earned rewards receive them.

80. It is positive that fewer children now experience separation compared to the previous inspection. Children were separated from their peers on 37 occasions during the last six months, mostly after violent incidents, bullying or continual playfighting. Children are not separated for long periods of time. Separation is appropriately authorised by centre managers.

81. Changes in the safeguarding department have helped to clarify individual and group responsibilities for protecting children and managing and reducing risk. For example, key personnel such as the safer custody hub manager and child protection coordinator are now established in their posts. This reduces the impact of the team being without a deputy head of safeguarding.

82. Inspectors found an occasion when safeguarding managers failed to refer a serious allegation of abuse to relevant authorities in line with safeguarding procedures. This placed children at risk of harm. Other safeguarding records provided a comprehensive account of actions taken to refer, investigate or respond to allegations of abuse or harm. Detailed chronologies mean that information relating to the steps taken to protect children are clear.

83. A high proportion of local authority designated officer referrals relate to the use of force. It is positive that managers refer these concerns out of the centre to the local authority. Potentially, the frequency of these concerns questions the consequential impact of any reflective learning.

84. The searching of children and their environments is mostly proportionate to risk. Security managers audit search records to ensure that staff detail the rationale for completing searches. Managers authorise full searches if available information indicates that this is necessary to manage risks across the centre or to protect individual children from immediate harm. Full searches involve children removing all clothing behind a screen and putting on a dressing gown. However, there are occasions when searching children in these circumstances contravenes secure training centre rules; for example, when these searches take place in the presence of more than two officers or in the presence of officers who are not of the same sex. This is does not protect or promote children’s dignity.

85. The ‘mercury intelligence reporting system’ is effective. Dedicated staff continually analyse and evaluate these reports. This ensures that security managers can quickly identify potential security risks, including those relating to children’s safety, or to the safety of staff and the wider environment.

86. Generally, most children report that they feel safe. However, findings from this inspection show that practices at the centre place children at risk. It was of serious concern that some children’s safety and well-being while experiencing acute crisis was sometimes compromised by ineffective management oversight and led to poor staff practice.

The effectiveness of leaders and managers: Inadequate

87. Children’s well-being and safety cannot be assured because the timely management oversight by leaders and managers at the centre, governance and the consistent review of practice standards in a number of critical areas is ineffective. In addition, managers have failed to ensure that all recommendations from the previous inspection have been

implemented. The senior management team has changed since the last inspection, with internal promotions both at senior and middle management level. The centre has an interim governor and deputy governor.

88. The increase in the use of force has led to a deterioration in governance and oversight of this practice across the centre. MMPR coordinators are regularly re-deployed onto residential units to assist in daily routines. Consequently, in the month prior to this inspection, there were 168 use of force incident reports outstanding, 104 of which were over the 72-hour deadline. Also, there were 150 use of force incidents dating back three months that had not been quality assured. The lack of timely oversight, particularly during periods when force is frequently used, undermines the overall governance of the use of force. This means that centre managers cannot consistently be assured that the use of force is always proportionate or necessary to prevent harm to children.

89. MMPR planning does not consistently incorporate health information to inform and ensure that children are safely managed during incidents of restraint. Poor sharing of information was a common thread that inspectors identified, meaning that children's experiences are negatively impacted on.

90. Restraint minimisation meetings do not demonstrate that key personnel or senior managers have sufficient oversight of patterns and trends in physical restraint incidents. This means that these arrangements are mostly ineffective in minimising restraint. The wider impact is that, on one known occasion, a child felt that they had no alternative but to harm themselves in order to be able to access healthcare services for a minor ailment. This is unacceptable.

91. The purpose of the restraint minimisation meetings was raised by centre staff at the September meeting, and a new term of reference has been developed to refocus the meeting in learning from and minimising restraint incidents. At the time of the inspection, this was not yet implemented, so its impact remains untested.

92. Policies governing the running of the centre are all up to date. They provide a framework for child-centred practice and set clear standards for children's individualised care, health and education. However, they have not always been adhered to by operational staff, meaning that the care that children receive has fallen short of the centre's own expected standards.

93. A Quality Assurance (QA) Framework is in place. Performance information is regularly reviewed by managers, with the aim of providing them with oversight of quantitative activity. However, the QA process has not identified the significant concerns found by inspectors that are detailed in this inspection report. This is partially due to the significant backlog in reviewing use of force incidents and means that there are gaps in knowledge of

the senior management team and missed opportunities to identify and address areas of concern regarding safe practice in a timely way.

94. Support for staff continues to be provided because of the scheduled closure of the centre. The majority of officers have been in post for more than a year, bringing some, albeit limited, stability and experience to the centre. Staff at the centre are valued by managers and they are recognised and rewarded for their achievements or for going the extra mile to support children.

95. Recruitment and retention of frontline staff continues to pose a challenge. Sickness absence has remained high since the previous inspection. As a result of this and the high number of physical restraint incidents, senior managers took the decision to implement a severely restricted regime for a number of weeks. This did not affect the education day, though children were locked in their rooms at times that are not normal sleeping hours, were missing out on activities and were only having short periods of time outside at weekends. This has a serious impact on children's experiences. Senior managers did not have contingency plans in place to manage the pressures within the centre in an effective way, and this negatively impacted on children's care. A restricted regime rota remains in place, where individual units are periodically closed down.

96. A high percentage of staff complete annual mandatory training. All duty governors have now completed safeguarding awareness relevant to their role and decision-making, which was a recommendation from the previous inspection. There are a number of nonmandatory courses available to staff and take-up is high. There is an effective monitoring process in place to ensure that staff take up mandatory and other relevant training.

97. Staff personal development record (SPDR) reviews take place regularly. However, the quality of these reviews is inconsistent. Some are generic and descriptive, while others identified well areas of positive practice and areas for staff development. Development work is ongoing with first line managers with regard to analysing performance information to improve the standards and quality of provision to children.

98. Partnership working arrangements between the centre and the local authority are positive. This transparent collaboration ensures that, when they are referred, allegations of harm or abuse are quickly investigated.

99. Partnership working arrangements between the centre and local emergency services are good. Security managers continually review these arrangements and complete a varied range of desktop and live contingency planning exercises. This means that in an emergency, or during an exceptional situation, centre staff know what action to take to protect children and others from harm.

Ofsted

What needs to improve:

Recommendations

- Immediately cease using pain-inducing techniques on children during physical restraints.
- The backlog of 'use of force incidents' should be reviewed by expert staff as a matter of urgency. Thereafter, all use of force is reviewed by expert staff immediately after each incident, so that managers can assure themselves that children are protected from harm and that any learning points can be raised with staff to improve their practice and protect children from harm.
- All children who have specific medical needs should have minimising and managing physical restraint (MMPR) plans to inform staff of how to protect children during physical restraints.
- Children who are involved in both physical restraints and incidents of self-harm should be appropriately supported, helped and protected in order to reduce the risk of further harm.
- Assessment care and custody teamwork (ACCT) records and plans should demonstrate that managers consider all available information. ACCT plans should include the rationale for decisions made regarding strategies, interventions and observations that are put in place to protect children, and these should be proportionate to identified risks.
- Staff should ensure that actions are taken to reduce bullying incidents and to ensure that there is an understanding across the centre that bullying is unacceptable.
- Staff should ensure that children who are victims of bullying receive good support.
- Staff should ensure that the behaviour management strategy is implemented consistently.
- Complaints records should explain what actions have been taken in respect of each complaint, when and what the child has been told about the investigation, and what the outcomes and next steps are.
- Managers should appropriately record all allegations of abuse or harm and refer these to relevant agencies in line with centre policy and Working Together to Safeguard Children 2018.
- Managers should ensure that communication between centre staff and healthcare staff significantly improves and that any shortfalls are recorded and investigated.

- All staff working with a child should be fully informed of the plans for that child's daily care needs, including physical, psychological and emotional needs.

- Staff should ensure that they have timely access to the results of the diagnostic assessment of children's additional learning needs and/or difficulties for all children deemed to require it.

- All centre staff should be aware of the importance of supporting resettlement work that is coordinated by the casework team.

- The Youth Custody Service should ensure that children do not arrive late at the centre.

- Education staff should capture the progress that children make with their information and communications technology (ICT) skills across all subject areas.

Ofsted

Information about this inspection

Inspectors have looked closely at the experiences and progress of children and young people under the secure training centres inspection framework.

This inspection was carried out in accordance with Rule 43 of the Secure Training Centre Rules (produced in compliance with Section 47 of the Prison Act 1952, as amended by Section 6(2) of the Criminal Justice and Public Order Act 1994), Section 80 of the Children Act 1989. Her Majesty's Chief Inspector's power to inspect secure training centres is provided by section 146 of the Education and Inspections Act 2006.

Joint inspections involving Ofsted, Her Majesty's Inspectorate of Prisons (HMIP) and the Care Quality Commission (CQC) are permitted under paragraph 7 of Schedule 13 to the Education and Inspections Act 2006. This enables Ofsted's Her Majesty's Chief Inspector to act jointly with other public authorities for the efficient and effective exercise of her functions.

All inspections carried out by Ofsted, HMIP and CQC contribute to the UK's response to its international obligations under the UN Optional Protocol to the Convention against Torture (OPCAT) and other Cruel, Inhuman or Degrading Treatment or Punishment. OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees.

Inspectors

Lead Inspector: Pauline Higham, Ofsted, Her Majesty's Inspector

Jo Stephenson, Ofsted, Social Care Regulatory Inspector
Lee Kirwin, Ofsted, Social Care Regulatory Inspector
Maria Navarro, Ofsted, Her Majesty's Inspector Further Education and Skills
Rebecca Stanbury, Her Majesty's Inspectorate of Prisons, Inspector
Angela Johnson, Her Majesty's Inspectorate of Prisons, Inspector
Catriona Reeves, Care Quality Commission, Health and Justice Inspector

Ofsted

The Office for Standards in Education, Children's Services and Skills (Ofsted) regulates and inspects to achieve excellence in the care of children and young people, and in education and skills for learners of all ages. It regulates and inspects childcare and children's social care, and inspects the Children and Family Court Advisory and Support Service (Cafcass), schools, colleges, initial teacher training, further education and skills, adult and community learning, and education and training in prisons and other secure establishments. It assesses council children's services, and inspects services for children looked after, safeguarding and child protection.

If you would like a copy of this document in a different format, such as large print or Braille, please telephone 0300 123 1231, or email enquiries@ofsted.gov.uk.

You may reuse this information (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit www.nationalarchives.gov.uk/doc/open-government-licence, write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

This publication is available at www.gov.uk/government/organisations/ofsted.

Interested in our work? You can subscribe to our monthly newsletter for more information and updates: http://eepurl.com/iTrDn.

Piccadilly Gate
Store Street
Manchester
M1 2WD

T: 0300 123 1231
Textphone: 0161 618 8524
E: enquiries@ofsted.gov.uk
W: www.gov.uk/ofsted

© Crown copyright 2019