

# SC046276

Registered provider: Devon County Council

Full inspection

Inspected under the social care common inspection framework

## Information about this children's home

This secure children's home is managed by a local authority. The Department for Education approves it to restrict children's liberty. The home can accommodate up to 12 children who are aged between 10 and 17 years and accommodated under section 25 of the Children Act 1989. Admission of any child 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 manager was registered with Ofsted in August 2016.

**Inspection dates:** 8 to 9 October 2019

<b>Overall experiences and progress of children and young people,</b> taking into account	<b>good</b>
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How well children and young people are helped and protected	good
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Health services	good
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The effectiveness of leaders and managers	good
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Outcomes in education and related learning activities	good
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The children's home provides effective services that meet the requirements for good.

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

**Overall judgement at last inspection:** good

## **Recent inspection history**

<b>Inspection date</b>	<b>Inspection type</b>	<b>Inspection judgement</b>
05/03/2019	Full	Good
30/10/2018	Interim	Sustained effectiveness
22/03/2018	Interim	Sustained effectiveness
21/11/2017	Full	Good

## What does the children's home need to do to improve?

### Statutory requirements

This section sets out the actions that the registered person(s) must take to meet the Care Standards Act 2000, Children's Homes (England) Regulations 2015 and the 'Guide to the children's homes regulations including the quality standards'. The registered person(s) must comply within the given timescales.

Requirement	Due date
<p>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 the home's day-to-day care is arranged and delivered so as to keep each child safe and to protect each child effectively from harm. (Regulation 12 (1)(2)(b))</p> <p>In particular, children are consistently checked in line with their individual risk assessments when in their bedrooms.</p>	30/11/2019
<p>The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children's home and promotes their welfare.</p> <p>In particular, the standard in paragraph (1) requires the registered person to— ensure that staff work as a team where appropriate; and use monitoring and review systems to make continuous improvements in quality of care provided in the home. (Regulation 13 (1)(b)(2)(b)(h))</p> <p>This is with reference to ensuring that the monitoring of records and incidents identifies and addresses shortfalls promptly.</p>	30/11/2019
<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— the name of the child; details of the child's behaviour leading to the use of the measure; the date, time and location of the use of the measure; a description of the measure and its duration; details of any methods used or steps taken to avoid the need to use the measure; the name of the person who used the measure ("the user"), and of any</p>	30/11/2019

other person present when the measure was used;  
the effectiveness and any consequences of the use of the measure; and  
a description of any injury to the child or any other person, and any  
medical treatment administered, as a result of the measure;  
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")—  
has spoken to the user about the measure; and  
has signed the record to confirm it is accurate; and  
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.  
(Regulation 35 (3)(a)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(b)(i)(ii)(c)(iv))

In particular, this relates to the consistent recording of single separation.

## Recommendations

- Where the placing authority or another relevant person does not provide the input and services needed to meet a child's needs during their time in the home or in preparation for leaving the home, the home must challenge them to meet the child's needs (see regulations 5(c)). Staff should act as champions for their children, expecting nothing less than a good parent would. The registered person should consider the use of an independent advocate (see paragraph 4.16) if the child's needs are not being met. ('Guide to the children's home's regulations including the quality standards', page 12, paragraph 2.8)  
In particular, make consistent attempts to address shortfalls and communication issues with placing authorities.
- The ethos of the home should support each child to learn. ('Guide to the children's homes regulations including the quality standards', page 29, paragraph 5.18)  
In particular, improve the quality of the teaching provided by ensuring that actions agreed with staff to improve their professional practice through quality monitoring procedures have clear, timebound targets for implementation.
- The ethos of the home should support each child to learn. ('Guide to the children's homes regulations including the quality standards', page 29, paragraph 5.18).  
In particular, staff should ensure that the children undertaking practical learning activities adopt the good work-related behaviours and attitudes that employers would expect, such as wearing appropriate safety footwear.

## Inspection judgements

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

Children receive good-quality individualised care from a motivated and dedicated staff team. This has helped the children to build positive relationships with staff, which enables many to make progress. Children clearly feel safe and secure.

There is a conscious and tangible effort to encourage the children to develop appropriate peer relationships. Children have opportunities to engage in a range of activities, such as playing pool, team sports and games nights. Healthy competition is encouraged and there is an atmosphere and culture which encourages fun and joviality. This is managed safely through good staffing ratios and effective risk management and awareness of group dynamics.

The ethos, values and working practices of the home are totally child-centred. This cascades down from the most senior members of staff through to the residential care workers, health and education colleagues and the ancillary staff. Mutual respect, trust and positivity underpin the calm and consistent day-to-day care which is fostered by all.

A key strength of this home is the unequivocal 'team around the child' approach. All the staff working in the multidisciplinary team know the children very well and can talk with knowledge and confidence about their history, their risks and vulnerabilities. This is captured and recorded in the well-documented care and behaviour management plans. These are exceptionally child-focused and written in a language that is meaningful to the child. Goals and targets are achievable and realistic, making it easier for the children to see the progress they are making.

The care, attention and interaction of the adults with the children provide validity to the feeling that they are listened to. Children's wishes and feelings are important and when possible are acted on. Participation, engagement and consultation with the children constitute an asset that is reflected through a range of forums. Children make a significant contribution towards their own futures and to life in the home. For example, they participate in staff recruitment and in their choice of mobilities.

Care, health and education staff are not afraid to take managed risks. These are discussed and facilitated through the weekly formulation meetings. Information-sharing from handover meetings, case management meetings and secure criteria reviews ensures that changes are known by staff. Mobilities, combined with work experience, promote independence and are designed to develop life skills in preparation for transition and resettlement beyond secure placements.

Children moving in to the home experience a well-coordinated approach with all referral documentation in place. As a result, individual needs are recognised early. Consequently,

clear plans, strategies and assessments of risk are drawn up and put in place quickly. Individual key working with the children addresses previous lifestyles and risk-taking behaviours. These sessions give the children an opportunity to reflect and help them to develop resilience and understanding and to make more positive choices.

Driving forward plans for children moving on can be a challenge. Staff endeavour to go that extra mile in ensuring that each child's next home is right for them and the process is completed with as much support as possible. On occasion, there could be a more consistent approach to applying pressure on placing authorities when it is felt they are not acting in the child's best interests or are not meeting their statutory responsibilities.

Work has been ongoing to make the environment warm and welcoming. The home is currently undergoing a scheme of refurbishment as an interim measure while decisions are finalised for commencement of a new build. Some areas are bright and colourful, set off by artwork, murals on walls and an exhibit on Malawian culture in readiness for an exchange visit. The home is clean, tidy and fit for purpose.

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

Managers and staff take the safety of the children seriously. They allow children to take appropriate risks. The managers hold daily multi-agency meetings which help the staff to consider the children, their vulnerabilities and discuss how to support their progress.

If needed, managers will investigate allegations about the staff. These investigations are detailed and thorough. Clear chronologies evidence prompt actions, and communication with external agencies. This safeguards the children and the staff and ensures that there is no complacency. All members of staff are aware of what they need to do and who they need to inform if there are any concerns about a child's welfare.

The staff use clear behaviour management plans and individual risk assessments which give them the strategies and the guidance to keep the children safe. They provide for effective behavioural consequences following incidents. These are relevant and include the children's views, reducing the potential of incidents recurring. The staff use de-escalation skills effectively. When physical intervention is required, this is proportionate and appropriate. Restorative work supports the children to discuss their differences, helping them to learn to be respectful of one another, develop insight and tolerance.

The staff's warm relationships with the children encourage positive behavioural change and reflection. They provide clear and structured boundaries. The children engage with staff in relevant individual sessions and reflect on incidents. Consequently, children reduce their risk-taking behaviour, feel safer and learn from their experience. This supports children to develop new strategies to manage their frustration and anger.

Generally, records of children being separated are clear and state the rationale for the use of this measure. The children are integrated back to the group as soon as this is appropriate. However, on one occasion the incorrect record was completed, and this

error was not identified during a management review.

The staff have not always consistently checked on children in line with their individual risk assessments. When children are settling in their bedrooms at night, there were short periods when checks were not completed. Although this was addressed immediately, this potentially placed children at risk.

### **Health services: good**

Children have good access to an age-appropriate range of health services. There is a good skill mix in a multidisciplinary healthcare team whose members work collectively to improve children's well-being.

Other visiting health professionals, including a dentist and an optician, attend promptly when needed and external secondary health appointments are facilitated when required. The healthcare clinical room is clean and meets infection control standards. The administration of medicines is safe.

Children are fully involved in their care planning. They are constantly provided with opportunities to have a voice, express their needs and to explain to staff what is important to them and why. Care plans are comprehensive, personalised and reflect current needs.

The members of the mental health team are flexible in their approach and work hard on engaging with every child, tailoring each intervention to best meet the needs of the child. Secure Stairs (an integrated care framework that addresses the needs of children and young people in secure children's homes) has started to be embraced by all staff and there are early signs of the positive impact that the new approach is having on outcomes for children.

Formulation meetings are regularly held for each child. They provide an open forum to reflect on the child's life so far. These meetings look at triggers, genetic factors, behaviours and environment. This results in a clear plan that staff and children can work collaboratively towards so that each child is enabled to reach their desired aims and goals.

A speech and language therapist focuses on improving communication across the home. Occupational therapists support both children and staff around emotion regulation from a sensory processing perspective. This provides opportunities for children and staff to maintain alertness through sensory, emotional and cognitive regulation on a day-to-day basis.

Staff said that they felt well supported and they are passionate about providing good outcomes for children.

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

This is a well-managed home. An experienced and settled senior leadership team provides good-quality guidance and support to the rest of the staff team. The managers are aware of the strengths and weaknesses of the service and have implemented well-structured plans which have led to improvements since the last inspection.

A good example of reflective assessment and effective subsequent action is in the area of recruitment. Improved processes tailored for the specific needs of this service have improved staff retention. In turn, this provides continuity of care and consistency in approach and culture. The team is highly motivated, resilient and child-centred in its approach. This successfully lays the foundations for good-quality care for the children.

The improved induction of new staff has enabled them to be prepared for their roles more effectively. In addition, staff report good support from managers and good teamwork. All members of staff receive a wide variety of training which develops their skills and understanding of the traumas and impact of backgrounds of the children for whom they care.

Overall monitoring of the quality of practice and records is of a good standard. Two shortfalls were identified. One related to a period of single separation not being identified and recorded appropriately and the other concerned the processing of a child's disclosure of historical abuse. While neither of these compromised children's safety, the shortfalls had not been recognised in a timely manner by the internal monitoring systems.

On one occasion, a notification of a significant event had not been reported to Ofsted. Again, the impact was not significant, but details of the event should have been forwarded in line with regulatory obligations.

Care planning and very good collaborative working on a multidisciplinary basis ensure that there is a strong sense of a united common purpose. Care plans are detailed and give very good guidance to staff as to what is needed to help each individual child. Case recording is of a very good standard and gives a clear history of each child's time in the home. Consequently, efforts are focused on helping the children to progress and to improve their life chances.

### **Outcomes in education and related learning activities: good**

The education provision is well managed. Since the last inspection, the education manager has led on several improvements to the range of provision and the quality of teaching delivered by staff. He has a realistic view about the strengths of the provision and the areas requiring improvement and has clear plans in place to make further improvements. However, the pace of improvement to the quality of teaching may be impeded because managers do not always set staff clear, timebound targets to make improvements to their practice after these have been identified as necessary via quality monitoring procedures.



On admission, staff quickly establish children's starting points, including any special educational needs or disabilities they have. Staff use this information well to plan learning activities and to deliver lessons which meet children's individual, and often complex, needs. Members of staff regularly assess the progress that children make and carefully adapt the sequencing of the curriculum, planned learning activities and their expectations in order to help the children make the progress of which they are capable.

Staff plan a curriculum that ensures that children experience a good balance between academic, vocational and personal development subjects. Taking account of the relatively short time that they are in the home, children achieve an appropriate range of full qualifications or unit accreditations. These include functional skills qualifications in English and mathematics and a range of vocational awards in food technology, design technology, horticulture, hairdressing and art. Children also achieve awards in 'Prevent', anti-bullying, drugs and alcohol awareness, and internet safety through the personal, social and health education curriculum. In addition, they can achieve the Duke of Edinburgh's Award.

Managers have successfully increased the range of vocational learning activities and have established good partnerships with other education providers, specialist tutors and organisations to support them to deliver this aspect of the curriculum. These subjects are popular with children and enable them to explore the world of work and consider their future options for further education and employment. Children who are ready for it receive independent advice on the steps they could consider in education and employment. When it is appropriate, a few children undertake supervised work experience.

Staff reinforce high expectations in a supportive way and actively promote equality, tolerance and diversity through their teaching. They listen to and respond to children's views. Relationships between staff and children are good. Staff work hard to help children to develop good attitudes to learning, despite the challenges they face. Attendance is good.

Staff are sensitive to the trauma that children have experienced and adapt learning activities to enable them to engage in education. For example, they use writing rap lyrics to help children engage in English and to express themselves. However, staff have only just begun to consider the need to work closely with other professionals to help children realise the meaning and impact of the inappropriate language they occasionally use when engaging in this type of learning.

The six children in the current cohort benefit from high levels of support in lessons which are taught mainly to individual children and occasionally to groups of two. However, studying in such small groups or on their own limits children's opportunities to work collaboratively and to learn how to negotiate and compromise with their peers.

Staff do not always ensure that children develop the behaviours and attitudes that they would need in the world of work. For example, children are not routinely required to

wear appropriate protective footwear when they undertake practical activities in the design technology workshop.

## **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:** SC046276

**Provision sub-type:** Secure unit

**Registered provider:** Devon County Council

**Registered provider address:** Chief Officer for Children's Social Services, Devon County Council, County Hall, Topsham Road, Exeter, Devon EX2 4QD

**Responsible individual:** Nick Crick

**Registered manager:** Darren Beattie

## Inspectors

Paul Taylor, social care inspector

Cath Sikakana, social care inspector

Natalie Burton, social care inspector

Malcolm Fraser, HMI (FES)

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

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