

# SC040500

Registered provider: Salford 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 27 children and young people who are aged between 10 and 18 years.

All places available at this children's home are commissioned on a contractual basis by the Youth Custody Service. The Youth Custody Service may, under certain circumstances, permit local authority children's services to spot purchase a vacant bed at the children's home to enable a local authority to place a child or young person under section 25 of the Children Act 1989. The admission of any child who is under 13 years of age under section 25 of the Children Act 1989 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 experienced and skilled manager is suitably qualified and has been registered with Ofsted for this children's home since July 2007.

**Inspection dates:** 7 to 8 January 2020

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

How well children and children are helped and protected **outstanding**

The effectiveness of leaders and managers **good**

Outcomes in education and related learning activities **outstanding**

The children's home provides highly effective services that consistently exceed the standards of good. The actions of the children's home contribute to significantly improved outcomes and positive experiences for children and children who need help, protection and care.

**Date of last inspection:** 21 May 2019

**Overall judgement at last inspection:** sustained effectiveness

**Enforcement action since last inspection:** none

## Recent inspection history

<b>Inspection date</b>	<b>Inspection type</b>	<b>Inspection judgement</b>
21/05/2019	Interim	Sustained effectiveness
08/01/2019	Interim	Sustained effectiveness
22/05/2018	Full	Outstanding
23/01/2018	Interim	Sustained effectiveness

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

### Statutory requirements

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

Requirement	Due date
<p>23: Medicines The registered person must make arrangements for the safe handling, recording, safekeeping, safe administration and disposal of medicines received into the children’s home. (Regulation 23 (1))</p>	<p>31/03/2020</p>

### Recommendations

- Ensure that health services are delivered in locations which are safe, fit for purpose and have the necessary facilities to meet young people’s needs. (‘Health care standards for children and children in secure settings’, page 34, paragraph 8.1)  
In particular, give urgent consideration to relocating the treatment room to a space that is more suitable to better meet the needs of children and young people.
- A child’s room should not generally be entered without their permission, though it may be necessary to establish routines to allow for rooms to be cleaned regularly. Usually, rooms should only be searched if the child has been informed or asked for their permission. Immediate searching may be necessary where there are reasonable grounds for believing that there is a risk to the child’s or another person’s safety or well-being. (‘Guide to the children’s homes regulations including the quality standards’, pages 16–17, paragraph 3.20)  
In particular, ensure that searches are carried out when needed, rather than being routine, and that the rationale for the searches is clearly and consistently recorded.
- The ethos of the home should support each child to learn.  
Specifically, improve the quality of the work produced for the wider unit accreditation of personal, social, health and economic education to ensure

that children show the same pride in their work for this subject as they do in the rest of their education programmes. ('Guide to the children's homes regulations including the quality standards', page 29, paragraph 5.18)

- Ensure that staff can access appropriate facilities and resources to support their training needs and 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 54, paragraph 10.16)  
In particular, ensure that all staff are up to date in basic mandatory training and that all staff complete specialist training to meet the current need of children, for example awareness training in autism spectrum disorder and county lines.
- Ensure the use of external agency staff are selected and complement the skills and experiences of the permanent workforce. Any external agency staff should meet the requirements in regulation 32(4) regarding mandatory qualifications and the registered person should consider their skills, qualifications and any induction necessary before they commence work in the home. The use of agency staff should be carefully monitored and reviewed to ensure children receive continuity of care. ('Guide to the children's homes regulations including the quality standards', page 54, paragraph 10.16)

## Inspection judgements

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

Children at this home have positive and life-changing opportunities. A significant strength of the staff team is its skill and ability to quickly develop strong, respectful and supportive relationships with children. Consequently, children feel safe and learn to trust the adults who support them. In turn, children become more able to understand and reflect on their past, develop new strategies and coping mechanisms, which helps them to make better decisions.

The individualised high-quality care and genuine fondness shown to the children permeates throughout the setting. Warmth, humour and spontaneous hugs when needed contribute positively to the relaxed interactions. Children are seen to seek the company and reassurance of staff.

Children benefit greatly from the support given to them by the mix of professionals who work at this home. The close coordination achieved by these teams ensures that the care given, and insight and skills of the staff, are of a high calibre. As a result, children make excellent progress and, in some cases, progress beyond everyone's expectations. A parent said, 'They always do their best for my son. I have absolute faith in them.' When speaking about the staff, one child said to an inspector, 'They have brought me up.'

Children's introduction into the home is carefully and sensitively managed. Staff are very aware of the children's fears and anxieties when they arrive, and significant emphasis is placed on making them feel safe. Support to parents during this challenging time is also excellent.

Once a child is admitted, relevant information is obtained swiftly so that the child's needs are known, support plans can be devised, and personalised care can be delivered. Care planning is sensitive and provided very skilfully. A youth offending worker commented, 'I can't think of anything they can do better, especially the multi-disciplinary working, they are so responsive.'

Transition planning is exceptional. All opportunities are given to children to test their new-found skills and to develop their confidence and self-esteem. The 'step down' unit, which prepares children for their departure, is an excellent facility and helps the children to prepare for independence, further education and/or work. When children move from this home, members of staff will continue to support them in the community. This nurturing approach ensures that they continue to feel cared for and valued even when they have left.

In the main, children's needs are met respectfully. However, room searches are not always risk or intelligence led, although the children are accepting of routine room searches. A recommendation has been raised to ensure that the rationale for searches is clearer and more justified.

Children have numerous adults in the home, and from external independent agencies, who they can talk to and share any worries and concerns. Children are empowered to voice their opinions and make requests in group meetings as well as to the independent advocate who frequently visits the home. Their voice is valued and encouraged. Children said they feel listened to and their views have a meaningful impact on the how the home is run.

Children's progress and achievements are enjoyed and celebrated by all. This helps their confidence and self-esteem and enables many to become role models for their peers.

### **How well children and children are helped and protected: outstanding**

Leaders, managers and staff are exceptionally skilled in identifying, managing and mitigating risks. They have achieved this well when managing the changing group of children, who have a wide range of complex needs, behaviours and vulnerabilities.

Leaders and managers ensure that staff are provided with the relevant information about a child's risks and behaviours so that they can help to keep them safe. Excellent partnership working supports this. Leaders, managers and staff work closely with police and youth offending services to accurately understand important information about children's previous, current and emerging needs.

Because of effective multi-disciplinary working, the risk of children self-harming is identified quickly, responded to swiftly and managed well. Support plans are continuously reviewed to ensure that levels of monitoring are stepped down when appropriate and agreed, to carefully manage the impact to children's daily lives.

Skilful liaison between all relevant parties to design and support mobility plans ensures that risks are assessed robust and managed effectively. Partners trust the experienced managers and staff to monitor this carefully.

From the start, staff support children to respond to routines, boundaries and expectations regarding behaviour. They ensure that children understand the incentives and sanctions that are consistently used by staff to reinforce positive behaviours and reduce negative behaviours. As a result, there are a relatively low number of incidents of concern, low numbers of the use of physical restraint and of the use of other measures of control.

Managers are open and transparent in their review of monitoring of, and learning from, the use of measures of control within the home. All incidents involving the use of physical restraint are reviewed by the registered manager, safeguarding lead manager and the designated officer on a weekly basis. These reviews include all CCTV coverage of an incident as well as records. This means that there is impartial as well as management oversight of the use of physical restraint and whether the use meets the relevant legislation and guidance. There have been a very low number of referrals to the designated officer following this review. A small number have resulted in a decision regarding training, development and supervision of a member of staff and one has resulted in a strategy meeting and subsequent investigation.

Other measures of control, such as the use of single separation, are monitored at a weekly safety forum meeting. A review of single separations shows that policies and procedures are followed. Staff ensure that children are safe with the use of observations and discussions, and there is a clear audit trail of management oversight.

Following all restraints and separations, a member of staff from the intervention team meets with the child, and together they complete a 'my thinking' plan. This provides an opportunity for the child to say how they felt about being held and/or separated, to raise any complaints, to identify triggers for the behaviour and explore what could be done differently. These sessions provide an opportunity for children to contribute to their plans. Mediation is skilfully and promptly used following any incident between staff, children and peers.

There has been an increase in incidents of contraband in the home. Managers immediately identified this and worked with staff to ensure that they were alert to risks and knew how to manage them. Managers also carefully developed the admissions process for visitors to the home so that it is more robust while still enabling positive relationships to continue.

An outstanding feature of the home is that managers and staff are not complacent and are continuously developing and improving practice, for example through the use of child-centred tools to involve children with a range of communication needs in their care and risk management plans. Plans for the home going forward include developing tools to improve the effectiveness of single separations and decision-making regarding reintegration to the group. This is in consultation with the mental health team in the home and is based on research.

### **Health services: good**

Children have prompt access to a good range of healthcare provision, including substance misuse, the dentist, mental health, physical health and age-appropriate screening. Children were positive about the healthcare they receive. There is a process in place for out-of-hours medical advice and treatment.

Timely assessments using the Comprehensive Health Assessment Tool (CHAT) are completed to help identify children's health and well-being needs, and relevant referrals are made. Care plans are developed but need more child-friendly language. Autism assessments are completed externally, as it is felt that there is not the necessary local expertise. Plans are developed to help ensure that children's health needs continue to be met in the community.

Children are provided with well-coordinated care from the multi-disciplinary healthcare team and the care staff. Partnership working is excellent at all levels, including the sharing of appropriate information and risk assessments.

SECURE STAIRS, a multi-disciplinary approach to assessment and planning is very well embedded. A multi-agency formulation meeting informs a subsequent detailed plan developed to help underpin a centre-wide approach specific to the needs of that child. This method of psychological formulation has a positive effect on children with complex needs. Residential staff receive clinical supervision to help identify strengths or alternative ways of working with children with often complex needs.

Governance arrangements are good, including regular audits and corresponding action plans to help ensure an effective service. Healthcare professionals receive regular supervision and have excellent access to additional training to help further develop the service. Clinical records and assessments are detailed. There are ongoing issues with accessing the electronic health record system, which can delay the recording of contact with children. Appropriate temporary solutions have been implemented and there are ongoing meetings to try to further resolve this.

Medication is managed and administered by trained care staff, with some oversight and training provided by healthcare staff. Medicines are stored securely, and stock levels monitored regularly. The process for administering medication meant that there was some potential risk of medication errors. Inspectors found medication stored that did not belong to a child currently at the home. The list of signatures for staff who administer

medication was incomplete, meaning that it may be hard to identify which staff member had administered the medication. One child had a medication that is administered 'as and when required', however there was no written information to support staff about the circumstances of when to administer this medication. The recording of whether a child had an allergy was unclear. Immunisations and vaccinations stock records were inaccurate. The treatment room is very small, making it difficult to carry out assessments and treatment.

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

This home is run by an experienced registered manager and leadership team who provide exceptionally strong leadership for managers and their staff teams. Collectively, they have a comprehensive understanding of how to successfully care for children in a secure setting and help children change their lives for the better. Most children make exceptional progress relative to their starting points.

Children's feedback on their opportunities and experiences is sought and incorporated into the home's development plan. Leaders and managers have a comprehensive understanding of the home's strengths. Their development plan details the structural changes and service developments that have been achieved and those that are planned for the forthcoming year.

A real strength of this service is the motivation and enthusiasm of the staff teams. Staffing levels are good and this affords children suitable support, attention and the opportunities to have one-to-one time with staff and access to a variety of activities.

The staff teams confirmed that they feel valued and are supported well by managers who have high expectations of them. Staff receive regular and good-quality clinical and formal supervision. Their performance is appraised annually. Team meetings are well attended and provide an opportunity for all staff to share up-to-date information on each child. Staff confirmed that opportunities to reflect on their practice and explore effective strategies take place. However, minutes of these meetings do not always reflect this good practice.

The senior leadership team fully understands the importance of regular, good-quality training to promote and maintain staff skills and motivation. All staff, including agency staff, are required to complete a comprehensive induction programme. Following this, all staff are provided with basic mandatory training and specialist training. However, not all staff have completed refresher training or been provided with specialist training to meet the current cohort of children's needs, for example on county lines and autism spectrum disorders. Leaders and managers have taken appropriate action, however, and training sessions are scheduled to take place.

Leaders and managers ensure that children are looked after by adults who have been assessed as safe and who share leaders and managers' child-centred approach. Leaders and managers ensure that the recruitment procedures are effectively applied when



appointing new staff. However, the local authority commissions and audits agency staff. This means the registered manager has not checked all agency workers' employment history or suitability.

Senior managers are fully aware of children's progress. Internal partnership working between social care, education and health services is, without exception, cohesive. Excellent working relationships are maintained with partner agencies. Children benefit from excellent integrated care and sentence planning. Similarly, effective partnerships are maintained with external professionals, such as the youth custody service and local authorities.

Comprehensive internal auditing systems are effective, and leaders and managers take swift and effective action when weaknesses are identified. External reports produced by the independent visitor are thorough and contribute towards children's safety and well-being. Together, this maintains the continuous high standards of care and opportunities provided to the children.

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

Children's education is highly effective. Leaders and managers are passionate about wanting children to achieve their full potential in life. Children enjoy their lessons. Most are motivated and enthusiastic to learn. They are polite and respectful to their peers, staff and visitors. Their behaviour is exemplary. Children make better-than-expected progress during their stay at the centre. The development of their practical skills is of a very high standard. Displays in classrooms and corridors are highly stimulating, regularly refreshed and reflect the learning and activities in which children take part. Children's written work is of a high standard for their level and ability. Feedback considers 'what went well' and 'even better if', with constructive suggestions on how children can improve their work that help them to progress very successfully.

The centre is very well resourced. Children benefit from high-quality resources that support their learning. Where children's starting abilities are below expectations for their age, staff create resources that help them to develop their skills, such as in phonics, that are age appropriate and help them to achieve the learning that they have missed at a primary school level.

Leaders and managers have created a highly flexible curriculum that considers children's individual levels, ages and abilities. For example, they make provision, where appropriate, for children to study at the local college on release on a temporary license. They amend the timetable to meet children's additional needs, such as including extra literacy lessons for those with poor levels of literacy and communication. Speech and language therapy needs are integrated into children's learning programmes effectively.

Children benefit from a range of highly relevant and creative enrichment activities, both in education and on the residential units. Many take part in the Duke of Edinburgh's Award scheme. Staff have identified successfully creative ways of ensuring that children

can complete the specific activities, such as the five-mile walk and camping outside, within the secure environment.

The multi-disciplinary approach to support children's learning is highly effective. Staff from across the centre and external agencies work closely and regularly together to develop individualised planning across the education provision to help children overcome their barriers to learning and to achieve.

Teachers plan and structure lessons effectively and at different levels to enable children to develop the skills they need for their next stages in learning and/or employment. They provide a variety of different activities within their subjects to maintain children's interests, particularly to keep them engaged when they are experiencing challenging times.

Children receive regular and appropriate careers information, advice and guidance. The careers adviser works closely with staff across the centre to ensure that future steps are appropriate and are accessible for the children. It would help the centre if the adviser shared with centre staff the records that children receive, to inform the curriculum.

The quality of information available to managers and teachers about the starting points of children is detailed and accurate. It takes into account all aspects of children's knowledge, skills and behaviours. As a result, leaders and staff produce highly individualised programmes for these children who mostly have very traumatic backgrounds. Some have not attended school for a number of years.

Children do not achieve as successfully in the personal, health, social and economic (PHSE) curriculum as they do in other aspects of their educational provision. The work that children produce is weak and does not show the same pride as they demonstrate in other aspects of their learning.

The quality of leadership and management of the education provision is outstanding. Quality assurance arrangements are effective. The head of education continues to receive appropriate support from the external executive headteacher, who is also a member of the new education management board (governance). The board challenges the head of education effectively to ensure that the quality of education remains outstanding. Leaders are taking appropriate action to further improve the leadership and management of the education provision.

## **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 children and each other and discussed the effectiveness of help and care provided. Wherever possible, they talked to children and children 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 children 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:** SC040500

**Provision sub-type:** Secure Unit

**Registered provider address:** Civic Centre, Chorley Road, Swinton, Manchester M27 5DA

**Responsible individual:** Michael Kelly

**Registered manager:** Michael Lowry M.B.E.

## Inspector(s)

Sharron Escott, lead social care inspector

Cathey Moriarty, social care inspector

Suzanne Wainwright, social care inspector

Paul Taylor, social care inspector

Catherine Raycraft, health and justice inspector, Care Quality Commission (CQC)

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Piccadilly Gate  
Store Street  
Manchester  
M1 2WD

T: 0300 123 1231  
Textphone: 0161 618 8524  
E: [enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk)  
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