

SC035500

Registered provider: South Gloucestershire Council

Interim 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 24 children and young people who are aged between 10 and 18 years.

All of the places available at the children's home are commissioned on a contractual basis by the Youth Custody Service (YCS). The YCS 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 young person on welfare grounds under section 25 of the Children Act 1989. Admission of any young person 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 current manager registered with Ofsted for this children's home in July 2015.

Inspection date: 21 January 2020

Date of last inspection: 4 June 2019

Judgement at last inspection: requires improvement to be good

Enforcement action since last inspection: none

This inspection

The effectiveness of the home and the progress and experiences of children and young people since the most recent full inspection

This home was judged requires improvement to be good at the last full inspection. At the interim inspection, Ofsted judges that it has declined in effectiveness.

At the last inspection of the home in June 2019, Ofsted made eight statutory requirements and 10 recommendations. Four recommendations relate to the education provision. Ofsted will assess these recommendations at the next full inspection of the home.

There continue to be occasions when the use of physical restraint is inappropriate. Staff do not consistently attempt to de-escalate incidents. They do not always deploy restraint techniques confidently or successfully. Furthermore, during incidents of restraint, staff do not always communicate with each other effectively. This leads to a lack of direction and cohesion. It is not always clear that the threshold for the use of restraint is met or whether the holds used to restrain children are necessary and proportionate. Consequently, some incidents of restraint are not well managed. This significantly compromises children's safety, welfare and well-being.

Physical restraint records do not consistently provide sufficient information regarding children's behaviours leading up to the use of physical restraint. Also, managers do not ensure that these records always reflect the actual restraint practice as viewed on closed circuit television. Managers do not fully evaluate the effectiveness of these physical restraints or identify opportunities for staff reflection and learning. In addition, managers do not continually discuss restraint practice with staff in formal supervision. This means that managers do not ensure that staff take responsibility for their practice or that they take actions to improve practice and safeguard and protect children from harm.

Staff have reviewed some risk assessments relating to the use of physical restraint for children with health conditions. However, for one child with asthma, this risk assessment did not include reference to this health need. This potentially places this child at risk of harm.

Staff now address issues of bullying. They challenge inappropriate language and unkind comments. This helps children to build appropriate relationships with each other and to take responsibility for their actions.

There are sufficient staff to provide children with appropriate care and support. A more flexible approach by senior managers to allocating staff resources where they are most needed means that staff are on hand to defuse potentially disruptive behaviours.

Case managers have taken steps to revise children's internal care plans. This means that their targets now reflect their individual circumstances, needs and progress. Consequently, these care plans incorporate the key aims of the placement.

Managers have made improvements to aspects of internal monitoring. For example, they regularly assess children's case files to ensure that these include necessary information from other services, such as health and education teams. Consequently, case files now reflect children's progress. Furthermore, closer scrutiny of the quality of single separation records by managers has led to practice improvements in this area. This means that managers are now able to determine whether the use of this measure of control is necessary and appropriate.

For some children it continues to be necessary for staff to restrict the items that they can access in order to prevent injury or harm. When this restriction means that children require specialist bedding, staff now make sure that there are adequate supplies to ensure children's comfort.

Staff encourage children to personalise their bedrooms and a structured plan of redecoration means that these rooms are now homelier. However, the en suite bathrooms in some children's bedrooms are unacceptable; there is damage and ingrained dirt in these areas, making them unpleasant for children. Although these bathrooms are subject to a planned refurbishment, managers have not prioritised the urgency of improving some bathrooms over others.

Managers have addressed shortfalls in the administration of medication. The list of staff authorised to administer medication to children is now up to date and staff monitor medication fridge temperatures. These measures help to promote children's welfare.

Senior managers have completed the safe area review. This now includes details of risks in the community that may impact on children's safety and well-being when they are away from the home.

Children are now more involved in menu planning. This input means that menus better reflect children's diverse cultural needs.

Staff encourage children to collect memorabilia of their time at the home. This helps them to reflect on their positive experiences, their achievements and the progress they make. This gives them a better understanding of why they are placed in the home.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
04/06/2019	Full	Requires improvement to be good
23/10/2018	Interim	Sustained effectiveness
10/04/2018	Full	Requires improvement to be good
07/12/2017	Interim	Sustained effectiveness

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

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

Requirement	Due date
<p>The 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—</p> <p>that the premises used for the purposes of the home are designed, furnished and maintained so as to protect each child from avoidable hazards to the child's health. (Regulation 12(1)(2)(d))</p>	31/03/2020
<p>The registered person must ensure that all employees—</p> <p>receive practice-related supervision by a person with appropriate experience. (Regulation 33(4)(b))</p>	31/03/2020
<p>*The registered person must ensure that—</p> <p>within 24 hours of the use of a measure of control, discipline or restraint in relation to a child in the home, a record is made which includes—</p> <p>details of the child's behaviour leading to the use of the measure;</p> <p>a description of the measure and its duration;</p> <p>details of any methods used or steps taken to avoid the need to use the measure; and</p> <p>the effectiveness and any consequences of the use of the measure;</p> <p>within 48 hours of the use of the measure, the registered person, or a person who is authorised by the registered person to do so ('the authorised person')—</p> <p>has spoken to the user about the measure; and</p> <p>has signed the record to confirm it is accurate. (Regulation 35(3)(a)(ii)(iv)(v)(vii)(b)(i)(ii))*</p>	06/03/2020

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* These requirements are subject to a compliance notice.

Recommendations

- Staff should continually and actively assess the risks to each child and the arrangements in place to protect them. Where there are safeguarding concerns for a child, their placement plan, agreed between the home and their placing authority, must include details of the steps the home will take to manage any assessed risks on a day to day basis. ('Guide to the children's home regulations including the quality standards', page 42, paragraph 9.5)

Specifically, any health-related concerns that increase the risk of harm with the use of physical intervention need to be clearly identified and considered as part of individual risk assessments.

Information about this inspection

This inspection focused on the effectiveness of the home and the progress and experiences of children and young people since the most recent full inspection.

Inspectors have looked closely at the experiences and progress of children and young people, 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: SC035500

Provision sub-type: secure unit

Registered provider: South Gloucestershire Council

Registered provider address: South Gloucestershire Adults and Health, PO box 2083, Castle Street, Thornbury, Bristol BS35 2BR

Responsible individual: Catherine Parry

Registered manager: Alison Sykes

Inspectors

Jo Stephenson, Social Care Inspector
Debbie Foster, Social Care Inspector
Michelle Oxley, Regulatory Inspection Manager

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