

# SC031490

Registered provider: East Sussex County Council

Full inspection

Inspected under the social care common inspection framework

## Information about this secure children's home

This secure children's home is operated by a local authority and is approved by the Secretary of State to restrict children's liberty. The home can accommodate up to seven children who are aged between 10 and 17. It provides for children accommodated under section 25 of the Children Act 1989, who are placed by local authorities.

Admission of any child who is under 13 years of age requires the approval of the Secretary of State, under section 25 of the Children Act 1989.

The commissioning of health services 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 has been registered with Ofsted since July 2017.

### Inspection dates: 25 to 26 February 2020

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

**Date of last inspection:** 12 November 2019

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

**Enforcement action since last inspection:** none

## Recent inspection history

Inspection date	Inspection type	Inspection judgement
12/11/2019	Interim	Sustained effectiveness
12/03/2019	Interim	Improved effectiveness
25/09/2018	Full	Good
13/02/2018	Interim	Improved effectiveness

## Inspection judgements

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

The children living in this home have diverse and complex needs. Recent changes in group dynamics have contributed to some disruption in daily routines and an increase in incidents in the home. This has not had a negative impact on the quality of care children receive, which remains good. Staff know children's individual needs, vulnerabilities and histories well, and this informs their practice.

Children are making progress relative to their starting points, and the time spent in the home. Joint working between residential and health colleagues has seen, for one child, measurable improvement in their ability to vocalise and share their thoughts and feelings, through a combination of art and play therapy. A social worker said: 'I cannot speak highly enough. I am thoroughly impressed with their therapeutic approach.'

Children's views and opinions are captured through regular group meetings and individual discussions. The home is undergoing a new build and general refurbishment. The children have been involved in the design, decor and furnishing of their home. Including the children in day-to-day decision making supports a sense of belonging and respect for the home.

The ethos, culture and working practices of the home are child-focused. Staff know the children well. The non-judgemental attitude of staff nurtures trusting relationships between themselves and the children. Children are more able to build and sustain positive attachments.

The staff have used learning from recent experiences of placements to improve the identification of children's cultural and ethnicity needs, and their ability to meet them. The manager has recognised the need to have a workforce representative of the children the home cares for. The recruitment strategy has been revised to support effective targeted recruitment.

Referral documentation, identifying children's individual needs, informs early planning. Care plans, risk assessments and risk management plans are regularly reviewed and updated. Daily handovers ensure that staff are familiar with changes to children's behaviours and any emerging concerns in the group. This supports consistent care.

Recording of key-work sessions and records of communication with the children do not fully reflect the work completed. Better recording would afford the children the opportunity to reflect on the work they have done and the progress they have made.

The arrangements for transition and resettlement are currently a concern for one child. The manager and staff are mindful of the impact this is having for this child

and have challenged the placing authority about their duty of care and statutory responsibilities.

Programmes to promote independence, including travel outside the home, are appropriately risk assessed. Children have a choice in what they do and have enjoyed swimming, going to the cinema, going for meals and shopping.

### **Children's education and learning: good**

Leaders and managers have designed a varied curriculum which they flexibly implement to meet the learning needs of the children and to reduce barriers to education. Staff support children well to get ready for learning through a series of thoughtful mini activities at the beginning of the morning and afternoon.

Teachers and assistants know the children well, including their complex needs and the triggers that are likely to unsettle them. They use this knowledge to support children in a calm and nurturing way, ensuring that all children participate in lessons. There are good resources in the education setting, which means children benefit from an excellent learning environment.

Overall, teachers plan learning well, introducing the topics of the lesson clearly. This helps children to connect new information effectively. Staff manage productivity particularly well, setting smaller targets for those children who begin to slow down towards the end of the lesson. As a result, children remain engaged in learning until the end of the session.

Teachers and support assistants hold high aspirations for children in learning. During one cooking lesson, tutors drew children's attention to the expected standards in professional kitchens. Children enjoy these sessions and reflect on how they can improve the food they have produced. In practical activities teachers embed new vocabulary with the children and are successful in getting children to apply their mathematic skills.

The management of behaviour by teachers and staff is a key strength in the education provision of the home. Teachers are firm but supportive in their approach. They share strategies with children to remove distractions from learning, and the children quickly adopt these strategies themselves. Consequently, children are well behaved when attending education.

Last year children made good progress in developing mathematics skills and improving their skills in English, considering their starting points. Most learners improve their social and learning skills during their time at the home, which, given their complex needs and starting points, is significant.

There had been a decline in children's attendance since the previous inspection. Recently attendance has improved. However, leaders and managers do not track sufficiently well what constitutes authorised absence, to maintain improvement.

## **Children's health: good**

Three healthcare providers deliver well-coordinated care for children at the home. Good partnership working is evident. Governance of health services is good, and health providers work closely with the home and external partners to regularly monitor, review and develop the service.

Healthcare record-keeping is excellent. Although children have mixed views about their healthcare, the records reviewed demonstrate good-quality care.

Health staff quickly identify each child's physical and emotional needs using a standardised assessment tool which informs the child's ongoing care.

A paediatric nurse is available to provide children with support for their physical health, ensuring that essential care, including immunisations and vaccinations, is provided promptly. Children can access a general practitioner, a paediatric substance misuse nurse, a dental service, out-of-hours support, physiotherapy and dietary advice. Recent difficulties in accessing an optician service are being actively addressed.

Physical care is delivered from an on-site treatment room. Robust infection prevention control measures have been implemented since the last inspection to ensure that the room is safe to use. Management of first aid kits across the home has improved, and staff can now access a defibrillator for medical emergencies.

Mental health staff provide very good support for children's emotional health and well-being. Psychologists offer a range of one-to-one therapy, often with the children's key worker, and group work is being developed. A psychiatrist attends regularly to support the team and help manage children's medication needs. The care provided will be further enhanced by the recent recruitment of a mental health nurse.

Health staff receive regular managerial and clinical supervision and can easily access training and development opportunities.

The Secure Stairs integrated care framework is well embedded in practice. Formulation-based care plans and regular, well-attended multidisciplinary meetings provide a holistic approach to the children's care.

Mental health staff support and develop care staff's resilience and ability to provide emotional support to the children through regular training and reflective practice sessions.

Care staff manage children's medicines safely. All staff administering medicines have received appropriate competency training and are supported by up-to-date policies. If errors do occur, there is evidence that staff learn from these and improve their practice.

Discharge arrangements are improving. Children are linked to external services and are well supported by health staff before, and sometimes after, they leave the home.

Further work is required to formalise arrangements for joint health promotion activities.

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

Children are supported to stay safe. Staff know, understand and implement good-quality risk assessments and plans that reflect children's vulnerabilities and provide children with effective care and support. Children feel safe and secure, and levels of trust are such that they feel able to talk about highly sensitive matters, knowing that the staff will listen and respond appropriately.

There are good links with local authority children's services and local safeguarding partners. Any safeguarding matters lead to appropriate and timely consultation and referrals.

Risks of self-harm are carefully assessed, recorded, and regularly reviewed. A management monitoring system has not been established to verify that checks on children spending time alone are in line with risk assessments. Inspectors sampled closed-circuit television (CCTV) and records, identified no concerns and found that practice is good.

Ligature cutters are readily accessible. There is no auditing system to show that ligature cutters are checked and replaced, in line with manufacturers' guidance.

Positive behaviour is promoted and encouraged. Staff have good relationships with children and are positive role models. The incentives scheme assists children to develop positive social skills and behaviour and is tailored to their individual needs. Managers reported that the scheme is under review to better tailor incentives to reinforce positive behaviour on a more individual basis.

Restorative practice is used well to promote good behaviour. It helps the children to understand how their behaviour impacts on others.

Measures of control are mostly used appropriately. Inspectors identified shortfalls in a small number of incidents of single separation and managing children away from others. Records showed that children had been locked in areas for longer than necessary, as the criteria for the use of the measure were no longer apparent. The registered manager and staff, through review and critical reflection, recognised these shortfalls. They have ensured that learning has been disseminated, and that monitoring has improved to ensure that practice is appropriate.

Incidents requiring the physical restraint of children are carried out in line with regulations. Monitoring and evaluation by managers is good and includes the use of CCTV. Reviews ensure that both good practice and learning are identified and shared

to promote the safe care of children. Debriefs take place with children and staff to ensure that support is provided. Debriefs are not always sufficiently rigorous in identifying causes and triggers for the incident, and gathering children's views to further improve practice.

Review of physical restraint incidents is carried out by safeguarding partners and provides the home with an additional level of independent scrutiny. However, this is a remote exercise, when the registered manager presents her findings to safeguarding partners, rather than safeguarding partners sampling the home's practices directly.

Managers ensure that robust recruitment processes and practice are in place. Staff have a good understanding of allegations and whistle-blowing procedures.

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

The registered manager is conscientious and is committed to providing child-centred, good-quality care. She has developed a culture of continuous learning and development within the home.

The management team works hard to establish constructive working relationships with each child's local authority to promote partnerships and drive care plans effectively.

The manager is proactive in implementing lessons learned and disseminating information within the team. She ensures that there has been constructive feedback to children. For example:

- Managers recognised that they were not meeting a child's needs and challenged delay by the placing local authority in considering shared information and making decisions. Following the child moving to a more suitable placement, a post disruption meeting was convened with the local authority. This identified where communication could have been timelier and more effective. Changes have been made to pre-admission processes as a result.
- The inspector reviewed constructive responses from the manager to two complaints from children, following thorough investigations.
- A review of physical restraint records and CCTV by the manager identified concerns about one incident. She immediately followed child protection procedures and undertook an investigation, which culminated in a recommendation for additional training for two staff.

Staff benefit from regular supervision, reflective supervision with the lead psychologist, team meetings, a thorough induction and an embedded, well-tracked training programme. This includes training that is specific to the needs of the children living in the home.

The management team recognises and celebrates good practice and responds effectively to any staff performance concerns. Supervision records reviewed included some excellent examples of the use of reflective supervision. Staff report that they value supervision.

There is a low turnover of staff, and children receive continuity of care. All staff spoken to are positive about working in the home.

The health, education and care leadership team has developed a useful integrated working strategy that strengthens communication and joined-up working across the services.

The leadership team responds to independent visitor reports, complaints, consultation with families, and partners. This inspection has identified a small number of shortfalls in recording and practice that have had limited impact, and overall care and progress of children is good. However, the leadership team needs to review and strengthen quality assurance mechanisms to improve and consolidate good practice.



# 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 leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children's home that—</p> <p>helps children aspire to fulfil their potential; and</p> <p>promotes their welfare.</p> <p>In particular, the standard in paragraph (1) requires the registered person to—</p> <p>use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(a)(b)(2)(h))</p>	30/04/2020
<p>Restraint in relation to a child is only permitted for the purpose of preventing—</p> <p>injury to any person (including the child);</p> <p>serious damage to the property of any person (including the child); or</p> <p>a child who is accommodated in a secure children's home from absconding from the home.</p> <p>Restraint in relation to a child must be necessary and proportionate. (Regulation 20 (1)(a)(b)(c)(2))</p> <p>When single separation and/or managing away restraint is used with children, the measure must be proportionate; that is, it must involve the shortest possible time to avert injury or serious damage to property.</p>	27/03/2020

## Recommendations

- The registered person should make best use of information from internal monitoring to ensure continuous improvement. ('Guide to the children's homes regulations including the quality standards', page 55, paragraph 10.25)
- This is in relation to an auditing system for ligature cutters, a monitoring system showing whether staff checks are in line with risk assessments when children are spending time alone, and improved debriefs of children following use of physical restraints.

- Where there is a secure establishment in a local area, safeguarding partners should include a review of the use of restraint within that establishment in their report. ('Working Together to Safeguard Children 2018', Chapter 3, paragraph 45)
- Staff should be familiar with the home's policies on record keeping and understand the importance of careful, objective, and clear recording. Staff should record information on individual children in a non-stigmatising way that distinguishes between fact, opinion and third-party information. Information about the child must always be recorded in a way that will be helpful to the child. ('Guide to the children's homes regulations including the quality standards', page 62 paragraph 14.4)
- 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)  
Leaders and managers need to identify accurately the learning time that children access, evaluating it with regards to children's starting points and ensuring that it is maximised, according to their complex needs.
- Staff should encourage children to take a proactive role in looking after their day-to-day health and well-being. ('Guide to the children's homes regulations including the quality standards', page 34, paragraph 7.10)  
This is with specific reference to the health providers and home developing and implementing an integrated health promotion strategy to support children's physical and emotional well-being.

## Information about this 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'.

## Secure children's home details

**Unique reference number:** SC031490

**Provision sub-type:** Secure Unit

**Registered provider:** East Sussex County Council

**Registered provider address:** County Hall, St Anne's Crescent, Lewes, BN7 1UE

**Responsible individual:** Elizabeth Rugg

**Registered manager:** Helen Simmons

## Inspectors

Cathey Moriarty, Lead Social Care Inspector

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Maria Navarro, HMI further education and skills

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