

2503076

Hygge Care Ltd

Monitoring visit

Inspected under the social care common inspection framework

Information about this children's home

The home offers residential placements for up to three children aged five to 12 years old on admission, who experience social and emotional difficulties. The home works therapeutically with children over 12 to 18 months to prepare them for a planned transition to family care.

A small private provider owns this home which Ofsted registered in February 2019.

Inspection date: 11 August 2020

This monitoring visit

This visit was carried out following escalating concerns about the quality of care provided to children living at the home.

Ofsted last inspected the home in February 2020 when the inspector judged the service to have declined in effectiveness. At this time, the inspector made requirements after identifying shortfalls in how staff protected children and how the registered manager completed debriefs of children after a physical intervention. In addition, the registered manager had not embedded the therapeutic guidance from the clinical psychologist into the home, to progress the care experience for children.

At the monitoring inspection in August 2020, inspectors found that managers had not taken steps to meet these requirements. As a result, concerns remained in relation to the safety and welfare of children.

At the time of this inspection, children and staff were experiencing a period of sickness. The registered manager had not contacted NHS 111 for medical advice and to establish if the children's illness could be associated with COVID-19 (coronavirus). This means that children did not receive the support required until the inspectors raised the need to seek appropriately qualified advice about their symptoms.

Children living in this home display a range of emotions and behaviours which reflect their life experiences. The inspectors read incident reports which show that staff have, at times, failed to recognise and act on the signs that children are distressed. One child became upset following staff accusing him of eating treats prepared by him for all the children. Staff did not identify that the child was seeking ways to calm himself, and then use their skills to de-escalate the situation. As a result, the child's behaviour escalated and staff had to physically intervene to prevent the child from hurting himself.

There have been two occasions when concerns have been raised by whistle-blowers about staff practice. Staff have not followed the home's child protection procedures because they have not reported their concerns promptly. As a result, professionals have been unable to speak in a timely way to children to understand their experiences. This means that assurances have not been gathered quickly in response to concerns, and this has the potential to expose children to the risk of harm.

Staff do not understand their roles and responsibilities in relation to protecting children. When children allege that staff have hurt them during physical interventions, managers have not followed safeguarding processes. Managers do not record detailed feedback with children, to explore what they have said and how they were feeling following the incident. In addition, managers do not monitor incidents effectively to ensure that the measure used was safe and proportionate.

The registered manager has failed to ensure that children and staff always receive a debrief after incidents involving physical intervention. Inspectors found examples where children had made allegations or complained about staff hurting them during physical interventions. The registered manager does not always fully consider or explore these concerns. This lack of effective scrutiny does not protect children and promote their welfare.

Staff do not always provide skilled care to help children feel safe. Leaders were slow to identify the link between a child's distress at bedtime to her previous care experiences. Staff did not explore ways to reassure the child and manage her unsettled behaviour. The experiences of care provided by staff at night to help children feel safe have been poor.

Poor behaviour management strategies have resulted, at times, in staff unnecessarily and inappropriately restraining children. Staff do not consistently use a nurturing or therapeutic approach to children. On one occasion, staff put a face mask on a child to prevent them from spitting and biting. This caused further upset and distress to the child. It could also have been dangerous.

Staff responses to children's needs and behaviours have sometimes resulted in incidents escalating rather than de-escalating. A child broke his games console in response to a member of staff asking why he always damaged the home's property and not his own. The child's actions escalated, and the member of staff then had to

physically intervene to prevent further damage and assaults. Staff have failed to de-escalate situations and recognise the impact of their responses on children's behaviours.

Leaders do not always challenge staff practice when this falls below the good standard expected. As a result, the home has developed a culture which does not promote children's welfare. Staff manage incidents using inconsistent approaches with children. Leaders do not ensure that staff provide care which is nurturing and therapeutic, as set out in the home's statement of purpose.

Children do not receive continuity of care. Since the interim inspection, there has been a period of staff leaving or going on maternity leave. Only three members of staff from the core team remain. Three new staff have worked at the home for less than one month. While new staff were being recruited, managers used staff from an agency and the organisation's sister home. Children have questioned whether staff are returning and changes in staff have been unsettling for them. This has negatively affected their experience of living at the home.

The responsible individual currently manages the sister home as well as overseeing the registered manager's role within this home. Due to the challenges of caring for children during COVID-19 restrictions, the inspectors believe that the responsible individual has had reduced capacity to oversee the management of the home. This means that shortfalls identified at the interim inspection in February 2020 have not been addressed and the standard of care afforded to children has not improved.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
25/02/2020	Interim	Declined in effectiveness
22/10/2019	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 health and well-being standard is that—</p> <p>children receive advice, services and support in relation to their health and well-being.</p> <p>(Regulation 10(1)(b))</p>	30/09/2020
<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 staff—</p> <p>have the skills to identify and act upon signs that a child is at risk of harm;</p> <p>understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person;</p> <p>are familiar with, and act in accordance with, the home's child protection policies;</p> <p>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.</p> <p>(Regulation 12(1)(2)(a)(iii)(v)(vii)(b)) *</p>	30/09/2020
<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 promotes their welfare.</p>	30/09/2020

<p>In particular, the standard in paragraph (1) requires the registered person to—</p> <p>lead and manage the home in a way that is consistent with the approach and ethos, and delivers the outcomes, set out in the home's statement of purpose;</p> <p>ensure that staff work as a team where appropriate; ensure that staff have the experience, qualifications and skills to meet the needs of each child;</p> <p>ensure that the home has sufficient staff to provide care for each child;</p> <p>ensure that the home's workforce provides continuity of care to each child;</p> <p>understand the impact that the quality of care provided in the home is having on the progress and experiences of each child and use this understanding to inform the development of the quality of care provided in the home.</p> <p>(Regulation 13(1)(a)(b)(2)(a)(b)(c)(d)(e)(f)) *</p>	
<p>A responsible individual must—</p> <p>have the capacity, experience and skills to supervise the management of the home, or the homes, in respect of which the responsible individual is nominated.</p> <p>(Regulation 26(7)(b))</p>	30/09/2020
<p>A person may only manage a children's home if—</p> <p>having regard to the size of the home, its statement of purpose, and the number and needs (including any needs arising from any disability) of the children—</p> <p>the person has the appropriate experience, qualification and skills to manage the home effectively and lead the care of children.</p> <p>(Regulation 28(1)(b)(i))</p>	30/09/2020
<p>The registered person must prepare and implement a policy ("the behaviour management policy") which sets out—</p> <p>how appropriate behaviour is to be promoted in the children's home; and</p>	30/09/2020

the measures of control, discipline and restraint which may be used in relation to children in the home.

The registered person must keep the behaviour management policy under review and, where appropriate, revise it.

The registered person must ensure that—

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.

(Reg 35(1)(a)(b)(2)(3)(b)(i)(ii)(c)) *

*These requirements are subject to a compliance notice.

Information about this inspection

The purpose of this visit was to monitor the action taken and the progress made by the children's home since its last Ofsted inspection.

This inspection was carried out under the Care Standards Act 2000.

Ofsted is aware of the challenges that COVID-19 (coronavirus) is currently posing to those we inspect. During this inspection, the inspectors took into consideration the impact of any measures being taken to slow the spread of COVID-19 by the agency. This has included the effect these have had on staffing arrangements.

Children's home details

Unique reference number: 2503076

Provision sub-type: Children's home

Registered provider: Hygge Care Ltd

Registered provider address: 8 The Pavilions, Cranmore Drive, Shirley, Solihull B90 4SB

Responsible individual: Justin Evans

Registered manager: Gavin Cross

Inspectors

Joanna Warburton, social care inspector

Lisa O'Donovan, social care inspector

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Piccadilly Gate
Store Street
Manchester
M1 2WD

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