

SC033362

# Assurance visit

## 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 young people's liberty.

The children's home can accommodate up to 17 children who are aged between 10 and 17. It provides care for children accommodated under section 25 of the Children Act 1989, who are placed by local authorities.

Admission of any young person 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 at 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 registered manager has managed the home since May 2013.

**Visit dates:** 7 to 9 September 2020

**Previous inspection date:** 5 November 2019

**Previous inspection judgement:** Requires improvement to be good

## Information about this visit

Due to COVID-19 (coronavirus), Ofsted suspended all routine inspections in March 2020. As part of a phased return to routine inspection, we are undertaking assurance visits to children's social care services that are inspected under the social care common inspection framework (SCCIF).

At these visits, inspectors evaluate the extent to which:

- children are well cared for
- children are safe
- leaders and managers are exercising strong leadership.

This visit was carried out under the Care Standards Act 2000, following the published guidance for assurance visits.

Her Majesty's Chief Inspector of Education, Children's Services and Skills is leading Ofsted's work into how England's social care system has delivered child-centred practice and care within the context of the restrictions placed on society during the COVID-19 pandemic.

## **Findings from the visit**

We did not identify any serious or widespread concerns in relation to the care or protection of children at this assurance visit.

### **The care of children**

The children benefit from a staff team that is caring and understanding. Relationships are warm and supportive and children are seen to seek the company and reassurance of the staff around them.

The children have continued to maintain contact with their families despite restrictions in place due to the COVID-19 pandemic. Telephone calls as well as the use of technology have meant that, despite the lack of physical visits, contact has been maintained with those people who are important to the children.

The children have adults around them who have sensitive insight and understanding of their anxieties and worries. Consequently, the children can spend time speaking with the staff and other professionals on site and are able to share their concerns. In turn, the staff help the children to develop positive coping skills and strategies which enable them to move on with their lives.

The provision of education has been greatly affected by the COVID-19 pandemic as it brought many staff absences. Despite this, since the end of April 2020, managers have been able to offer children a full education curriculum tailored to their needs. During the summer break, residential staff provided children with a rich and varied curriculum of leisure and arts and design activities. Most children have attended education well, except for a few who have found it extremely challenging to engage with learning and those who had to be in isolation due to the virus.

There has been good joint working between the health provider, the home and external partners throughout the pandemic to ensure that children are kept safe, particularly during an outbreak of COVID-19 in April. Healthcare staff have provided good support and advice to children and care staff around infection control procedures.

Although the service offered by the health provider was reduced for a period early in the pandemic, health staff have continued to ensure that children can access regular, face-to-face support for their health and well-being and have remained visible and easily accessible. Innovations have been put in place to reassure the

children and help them deal with the challenge and anxieties caused by COVID-19. Examples include drop-in sessions facilitated by healthcare staff and the development of sensory activity packs for children who are isolating to use in their rooms.

It is very clear that both health and care staff have carefully considered the impact of COVID-19 and have sensitively planned to ease anxieties and reassure the children during this time.

### **The safety of children**

Staff know who to inform if they have concerns about a child's well-being. Ongoing issues are promptly reported to the necessary agencies and swift responses put in place to ensure that children's safety is promoted.

There had been a delay in the sharing of a historical disclosure by a child and the record of the information was difficult to follow and audit. This was one error and had not affected the child's safety.

The staff have managed some very challenging situations and responded in a calm and caring manner. Physical restraint is used appropriately to keep the children and others safe. The staff ensure that each child is supported after these events with an opportunity to share their opinions and feelings in debrief sessions.

There are clear individual protocols for staff to follow if a child is at risk of self-harm. Appropriate responses to these situations have meant that incidents of this nature have been competently managed and the children kept safe. Other professionals, such as psychologists and psychiatrists, help the children and staff to understand the trauma and inner turmoil that they have experienced with a view to moving forward and developing their coping skills.

Rules and routines are clear and consistent. Emphasis is placed on developing understanding and caring relationships underpinned with respect.

Children's views are valued and encouraged. They have easy access to advocates and managers should they need to raise issues externally. The management of complaints is good and the staff and managers ensure that the children understand and are satisfied with responses to these.

### **Leaders and managers**

Managers and staff have shown commitment and determination during the challenges posed by COVID-19 and the impact that this has had on day-to-day operations. Close working with Public Health England ensured that COVID-19 issues were addressed effectively.

The initial use of agency staff to cover gaps in the roster has greatly reduced. There is now a stable and consistent core team of staff caring for the children. This conscientious and thoughtful approach has minimised the impact on the children.

Alongside these challenges, managers have worked hard with their staff to improve on the shortfalls identified at the last inspection. There has been significant improvement in some areas, such as the recording of individual key-work sessions with children and the monitoring of records such as single-separations and physical restraint. Managers and advocates also challenge placing local authorities when needed, especially with regards to transition planning.

The staff reported very good support in debrief sessions after incidents. The records of these incidents are reviewed in weekly training sessions. However, the recording of these sessions is not consistent. This shortfall undersells the significant efforts made by the managers on what is good reflective practice and useful learning.

The impact of the COVID-19 pandemic has meant that managers have not been able to continue their planned work towards addressing the education recommendations made at the last inspection. They rightly prioritised their reduced resources in delivering education to children. Progress has been made on some of the recommendations related to healthcare but not all have been assessed during this visit. Some recommendations are therefore repeated.

An independent visitor has resumed on-site visits after a period of 'virtual' visits. During this time of virtual visits, there has been contact with children, placing social workers and parents to ensure that their views and opinions have been sought and listened to. The visitor, in turn, has used the role of 'critical friend' to point out any shortfalls. These have been acknowledged and addressed by managers.

The registered manager and other managers have made significant efforts to ensure that children are kept up to date with any changes that COVID-19 has had on life at the home and the wider world. All staff from across the disciplines that work at the home have responded flexibly to any challenges. This has ensured that the well-being of the children has been at the centre of any decisions

## **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.

<b>Requirement</b>	<b>Due date</b>
The protection of children standard is that children are protected from harm and enabled to keep themselves safe.	09/11/2020

In particular, the standard in paragraph (1) requires the registered person to ensure—that staff—

understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person;

take effective action whenever there is a serious concern about a child’s welfare; and

are familiar with, and act in accordance with, the home’s child protection policies.

(Regulation 12(1)(2)(a)(v)(vi)(vii))

This is in relation to ensuring that disclosures of historical abuse are promptly shared with the relevant agencies.

## Recommendations

- Ensure that the ethos of the home supports each child to learn. (‘Guide to the children’s homes regulations including the quality standards,’ page 29, paragraph 5.18)

In particular:

In conjunction with centre managers, review the mixing policy to ensure that children benefit from whole-school activities and that higher-level learners are enabled to mix with their peers.

Monitor closely the work of the new student support team so that children who are not attending school are able to receive quality education in their units. Improve movements between lessons so that children arrive punctually and are ready to learn. (This recommendation has been carried over from the inspection carried out in November 2019.)

- Medicines must be administered in line with a medically approved protocol. Records must be kept of the administration of all medication, which includes occasions when prescribed medication is refused. Regulation 23 requires the registered person to ensure that they make suitable arrangements to manage, administer and dispose of any medication. These are fundamentally the same sorts of arrangements as a good parent would make but are subject to additional safeguards. When the home has questions or concerns about a child’s medication, the staff should approach an expert such as a General Medical Practitioner, community pharmacist or designated nurse for looked-after children. (‘Guide to the children’s homes regulations including the quality standards,’ page 35, paragraph 7.15)

In particular, the home’s audits of medicines administration should include sufficient detail including actions taken in response to any concerns identified.

(This recommendation has been carried over from the inspection carried out in November 2019.)

- Records of restraint must be kept and should enable the registered person and staff to review the use of control, discipline and restraint to identify effective practice and respond promptly where any issues or trends of concern emerge. The review should provide the opportunity for amending practice to ensure it meets the need of each child. ('Guide to the children's homes regulations including the quality standards', page 49, paragraph 9.59)

In particular, record more consistently the debriefs and reflective training carried out after significant incidents.

- The registered person should ensure that staff can access appropriate facilities and resources to support their training needs and should 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 53, paragraph 10.11)

In particular, all care staff who administer medicines should complete competency training in this regard. (This recommendation has been carried over from the inspection carried out in November 2019.)

- Regulations 35-39 detail the records that must be kept in children's homes. All children's case records (regulation 36) must be kept up to date and stored securely whilst they remain in the home. ('Guide to the children's homes regulations including the quality standards', page 63, paragraph 14.3)

In particular, monitor and record external health appointment cancellations. (This recommendation has been carried over from the inspection carried out in November 2019.)

## Secure children's home details

**Unique reference number:** SC033362

**Registered provider:** Peterborough City Council

**Registered provider address:** Town Hall, Bridge Street, Peterborough PE1 1PJ

**Responsible individual:** Wendi Ogle-Welbourn

**Registered manager:** Jeannette Winson

## Inspectors

Paul Taylor, Social Care Inspector

Natalie Burton, Social Care Inspector

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