

SC396813

Assurance visit

Information about this children's home

The setting is owned by a charity and is registered to accommodate up to 27 children who have profound physical disabilities, sensory impairments and complex medical needs, including, in some cases, learning disabilities. On site is a non-maintained special school catering for children and young people aged three to 19 years. Adults receive residential care in Care Quality Commission-registered homes on the same site. A team of nurses, therapists and specialists, provided by Sussex Community Foundation Trust, is also based on site and provides medical support.

The manager has been registered with Ofsted since October 2016.

Visit dates: 14 to 15 September 2020

Previous inspection date: 13 August 2019

Previous inspection judgement: 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

Despite the very challenging times and situations that have occurred over recent months, the leadership and management team has worked tirelessly to ensure that all decisions made focus on protecting the children and staff. This meant stopping respite care for a time and closing some residential provision due to COVID-19 and staffing shortages. These highly difficult and sensitive decisions have mostly been understood and accepted by parents. For some parents this was difficult, however, the service was able to offer outreach support. At the time of this visit, the service was, once again, able to offer respite stays, having recommenced at the beginning of September.

During this visit, inspectors observed staff caring for children and supporting them to engage in learning activities, including horse riding and learning to drive an electric wheelchair. Staff were highly positive with the children. Inspectors observed and heard lots of laughter and smiling faces. The staff greeted the children affectionally, and the children looked very happy in the staff's company, enjoying the activity. Inspectors followed the provider's strict protocols with regards to social distancing, health and safety and protecting vulnerable children from COVID-19.

The staff deliver a wide-ranging choice of activities, mainly on site currently. The site has an atmosphere of calm and positive energy. A dedicated activities coordinator ensures that all individual areas of interest are covered. Children can take part in new activities that they may not have otherwise been able to experience.

The relationships between staff and children are a real strength. The staff communicate with children, encouraging them to have as much choice in their daily lives as they can and providing many opportunities to do things that the children enjoy doing.

The children benefit from close attention to their care needs. They have specialist professionals, who advise, guide and support staff to be able to meet children's complex health needs. The support they receive in this area positively impacts on the quality of their life experiences.

Communication between parents, carers and families and the service needed to, and has, improved. The leaders are committed to ensuring that this improvement continues. While most parents say that the communication is good, there are others who feel it could be further improved

Despite the challenging times of recent months, the service has continued to provide education to the children. Children are supported to learn and develop new skills

through individualised curriculums that are matched specifically to each child's individual needs. Children's individual programmes, medical plans and seizure bags are attached to wheelchairs and other mobile devices used by children. This enables the staff to fully understand the complexities of each child's condition and learning objectives.

Children were supported at their own homes during COVID-19 lockdown. Each child had an agreed timetable which included an average of eight hours face to face teaching per week. There are very clear communication lines between the school and children's home that enable the children to experience a consistent and holistic approach.

Medication administration is a high-risk activity due to the very complex health conditions of the children and the associated complex medicines they are prescribed. In response to concerns raised previously about medication errors, a new medication administration process has very recently been implemented. Its full impact is not yet known, so cannot be commented on in this report. However, data shows the number of medication errors has decreased in recent months. Since the last regulator's visit, the registered manager has improved oversight of medication procedures, including the oversight of medication investigation process when an error occurs.

The safety of children

The children are supported by the staff team that is well informed of the children's complex needs and high vulnerabilities. As a result, safety is central to all aspects of care planning, shift planning and staffing arrangements. The dedicated, trained and experienced safeguarding team works closely and effectively with the local safeguarding and child protection agencies. Staff spoken to were confident about processes to follow, such as whistleblowing, should they be concerned for a child's safety or a colleague's practice.

Risk assessments and protocols clearly state the risks associated with each child and strategies for managing these, which may include high supervision levels at times. This information is used across shifts with any new information being discussed at handovers and incorporated into shift planning.

Incidents, such as unexplained bruising, are robustly investigated with actions identified to lessen the risk of further incidents. The children who access the service are not currently assessed as displaying high risk in the areas of self-harm, missing or child sexual exploitation. Many of the children require physical prompts to enable them to experience and learn new skills and concepts. All children need assistance from staff and parents and carers. The use of physical intervention in the management of behaviours is extremely low. The recording of the physical intervention and post intervention reflection is poor and does not meet required standards. Challenges with the information technology systems do not assist the auditing of these records.

Leaders and managers

The responsible individual continues to have a positive impact at this service. Her effective strategic oversight has resulted, and continues to result, in many areas being reviewed and developed effectively.

A restructuring of the managerial roles at the service has resulted in the registered manager now having responsibility for the children's service only. Inspectors saw an improving picture of his oversight of practices, including complaints and investigations, such as medication errors, and staff disciplinaries.

The service responds well to complaints. They are fully investigated, and the service has been proactive in working with those involved to resolve any further issues or concerns.

The registered person has failed to submit an up-to-date statement of purpose to Ofsted in a timely manner. Therefore, a current and true reflection of what the service provides is not readily available. A statement of purpose dated 2019 was submitted after the visit.

Both the responsible individual and the registered manager have identified the need for development in areas, such as improved technology. The digital technology improvement project will start soon. Managers told inspectors that this will improve recording, especially needed in relation to restraints. Another development is the employment of a medication technician, who will focus on the stock control and the ordering of medicines.

Staffing has been a challenge over recent months. The use of agency staff and shared bedrooms was stopped, and this had an impact on the number of children who could access the services provided. There are no plans to restart using agency staff despite difficulties in recruiting permanent staff. The rationale for doing this is sound.

The residential staff have responded well to the challenges of COVID-19. They always put the children first, making sure they are safe, protected and well cared for. The staff can access a training programme that has been subject to change in recent months due to social distancing. Staff have undertaken more e-learning than face to face. The staff speak positively about the support they receive. However, avenues, such as formal supervision, are not taking place as often as they should for a significant number of staff, including night staff. Some staff who are supervisors have not received training to do so.

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 registered person must compile in relation to the children's home a statement ("the statement of purpose") which covers the matters listed in Schedule 1.</p> <p>The registered person must-</p> <p>notify HMCI of any revisions and send HMCI a copy of the revised statement within 28 days of the revision.</p> <p>(Regulation 16 (1)(3)(b))</p>	<p>30/10/2020</p>
<p>The registered person must ensure that-</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; and</p> <p>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.</p> <p>(Regulation 35 (3)(b)(i)(ii)(c))</p> <p>In particular, ensure any new recording systems, including electronic systems provide for the above.</p>	<p>30/10/2020</p>

Recommendations

- The registered person must have a system in place so that all staff, including the manager, receive supervision of their practice from an appropriately qualified and experienced professional, which allows them to reflect on their practice and the

needs of the children assigned to their care. ('Guide to the children's homes regulations including the quality standards', page 61, paragraph 13.2)

Children's home details

Unique reference number: SC396813

Registered provider: Chailey Heritage Foundation

Registered provider address: Haywards Heath Road, North Chailey, Lewes, East Sussex BN8 4EF

Responsible individual: Jackie Hall

Registered manager: Andrew Lewis

Inspectors

Liz Driver, Social Care Inspector (lead)

Paul Taylor, Social Care Inspector

Paul Thomas, Social Care Inspector

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