

1234990

Assurance visit

Information about this children's home

This children's home is operated by the Percy Hedley Foundation. It offers care and accommodation for children and/or young people who may have physical disabilities, learning disabilities and/or sensory impairment. The accommodation consists of a residential unit and a three-bedroom cottage.

The home would usually accommodate up to 14 children and/or young people. Failings identified at the last monitoring visit meant that the home was issued with a restriction notice which prevented the home from accommodating more than 10 children and/or young people. This restriction remains in place.

The manager has been in post since May 2020 and was registered with Ofsted on 1 September 2020.

Visit dates: 8 to 9 September 2020

Previous inspection date: 24 September 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 identified the following serious concerns in relation to the care or protection of children at this assurance visit:

- frequent medication errors place children at risk of harm
- high staff turnover impacts on the consistency of care given to children
- staff do not always follow children's risk assessments
- the manager's internal monitoring arrangements are ineffective in some areas.

The care of children

Children are making progress. Staff value each child and treat them as an individual. Children's achievements are recognised and celebrated. Staff support children to enjoy activities based on their interests and ability. Some children follow their football team or motorsport; others take part in games, bike riding and walking.

The staff help the children spend time with their family and other people who are important to them. Together, they go on outings or stay at the home. During the COVID-19 pandemic, staff found creative ways to help children celebrate special occasions. A child's birthday was celebrated with balloons, streamers and banners in the garden. Children are helped to see their family while keeping a safe distance. This means that children are helped to maintain relationships with their family and enjoy fun times together.

Children are encouraged to express themselves and make choices. Staff support children to use communication skills with pictures, gestures and facial expressions. Staff show interest in how children express themselves and take time to learn the meaning of their body language and sounds. Staff use this information to provide good care and offer comfort to the children.

Staff help children to learn and gain new skills. Children attend school and join in activities such as trips to the shop, making breakfast and organising their laundry. When COVID-19 restrictions were in place, staff tried to find different opportunities for children to enjoy activities within the home. This helps promote children's self-confidence and develop independence skills.

Gaps in staffing levels have continued to undermine the consistency of care provided to children. Frequent changes of staff and unfamiliar faces cause some children to feel unsettled. This impacts on how they behave and is disruptive to their day. The manager has attempted to ensure that staffing levels are kept at a safe level but this has meant making decisions that include risk. On one occasion, a medication error was made that

needed further investigation. The manager allowed those staff to continue working with children due to staffing shortages. This potentially leaves children at risk.

Staff were not aware of a child's specific religious needs. This affects children's ability to follow their religious beliefs.

The safety of children

The manager and staff do not consistently follow child protection procedures. They have not learned from the home's internal investigations and recommendations. When a child made an allegation against a member of staff, actions and recordings were not completed promptly. This leaves children at risk of potential harm.

A large proportion of the staff are not suitably qualified to level 3 in NVQ in working with children and young people. Systems are in place to support training. However, progress is slow and not monitored effectively.

Staff do not consistently follow children and young people's risk assessments. Each child has a high number of risk assessments that are reviewed at varying times. This makes it difficult for staff to understand which versions are the most up to date. This prevents staff from applying the most current strategies to reduce the risks to children effectively.

Medication errors take place on a regular basis. This means that some children do not receive medication prescribed for them. The roles and responsibilities relating to the administration of medication are unclear. The manager has not ensured that there are suitable arrangements to manage medication. This means that children are potentially at risk of harm.

Leaders and managers

Leaders and managers have not addressed the requirements made at the previous inspection. The COVID-19 pandemic has impacted on this progress. Leaders and managers stay focused about making improvements in the quality of care children receive. However, major shortfalls are still leaving children potentially at risk.

Staffing levels are still a challenge and the manager is trying to find solutions to increase the size of the staff team.

The manager's monitoring system does not identify when staff have failed to follow safeguarding procedures. This means that the manager cannot be sure that staff have implemented the necessary steps to keep children safe.

Monitoring systems have found that staff do not consistently sign and date documents and logs. Therefore, the manager is unable to find themes and shortfalls to hold staff to account for their practice. This prevents the manager from taking effective action to improve the quality of care children receive.

The manager failed to identify and rectify potential hazards in the home which were accessible to children, for example a broken metal window handle, a sharp broken seat in a child's bedroom and a bath full of water left unattended from earlier use. These hazards posed a potential risk of injury to children.

Following this assurance visit, two compliance notices were issued to address areas identified as serious and widespread concerns. A further three requirements were issued to address other shortfalls.

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, the 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 staff—</p> <p>assess whether each child is at risk of harm, taking into account information in the child's relevant plans, and, if necessary, make arrangements to reduce the risk of any harm to the child;</p> <p>help each child to understand how to keep safe;</p> <p>have the skills to identify and act upon signs that a child is at risk of harm;</p> <p>manage relationships between children to prevent them from harming each other;</p> <p>understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person;</p> <p>take effective action whenever there is a serious concern about a child's welfare; and</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>that the premises used for the purposes of the home are located so that children are effectively safeguarded;</p>	25/10/2020

<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; and</p> <p>that the effectiveness of the home's child protection policies is monitored regularly.</p> <p>(Regulation 12 (1) (2))</p>	
<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.</p> <p>(Regulation 13 (1) (a) (b) (2) (h)) *</p>	<p>25/10/2020</p>
<p>The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children's home.</p> <p>In particular, the registered person must ensure that—</p> <p>medicine which is prescribed for a child is administered as prescribed to the child for whom it is prescribed and to no other child; and</p> <p>a record is kept of the administration of medicine to each child.</p> <p>Paragraph (2) does not apply to medicine which—</p> <p>is stored by the child for whom it is provided in such a way that other persons are prevented from using it; and may be safely self-administered by that child.</p> <p>In this regulation, "prescribed" means—</p> <p>ordered for a patient, for provision to the patient, under or by virtue of the National Health Service Act 2006 or section 176(3) of the Health and Social Care (Community Health and Standards) Act 2003(b); or (b) in a case not falling within sub-paragraph (a), prescribed for a patient in accordance with regulation 217 of the Human Medicines Regulations 2012(c).</p> <p>(Regulation 23 (1) (2) (3)) *</p>	<p>25/10/2020</p>

<p>The registered person must maintain records ("case records") for each child which—</p> <p>include the information and documents listed in Schedule 3 in relation to each child;</p> <p>are kept up to date; and are signed and dated by the author of each entry.</p> <p>Case records must be kept—</p> <p>securely in the children's home during the period when the child to whom the case records relate is accommodated there.</p> <p>(Regulation 36 (1) (2) (c))</p>	<p>25/10/2020</p>
<p>The registered person must notify HMCI and each other relevant person without delay if—</p> <p>a child is involved in or subject to, or is suspected of being involved in or subject to, sexual exploitation;</p> <p>an incident requiring police involvement occurs in relation to a child which the registered person considers to be serious;</p> <p>there is an allegation of abuse against the home or a person working there;</p> <p>a child protection enquiry involving a child—</p> <p>is instigated; or</p> <p>concludes (in which case, the notification must include the outcome of the child protection enquiry); or</p> <p>there is any other incident relating to a child which the registered person considers to be serious.</p> <p>(Regulation 40 (4))</p>	<p>25/10/2020</p>

*These requirements are subject to a compliance notice.

Children's home details

Unique reference number: 1234990

Registered provider: The Percy Hedley Foundation

Registered provider address: Percy Hedley School, Forest Hall, Newcastle upon Tyne
NE12 8YY

Responsible individual: Joanna Allen

Registered manager: Margaret Laidler

Inspectors

Catherine Heron, Social Care Inspector
Paula Kelly, 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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