

1249259

Assurance visit

Information about this children's home

This home is privately owned by a large organisation. It is registered to accommodate up to four children who have learning disabilities. The statement of purpose states that the home accommodates children with a diagnosis of moderate to severe autism spectrum disorder, often with difficult and challenging behaviour.

The manager was registered with Ofsted in December 2018 and is currently on maternity leave. An interim manager was registered with Ofsted in June 2020.

Visit dates: 7 to 8 September 2020

Previous inspection date: 24 July 2019

Previous inspection judgement: Outstanding

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

Children make progress as a result of the warm and nurturing relationships with staff. Children approach staff for help as well as for company and interaction. Staff are confident in their approach to care, and children are clearly comfortable in their surroundings. They enjoy highly individualised care from staff, who know them well. Staff understand what children are communicating through their behaviours, in times of calm and crisis.

Children's views are sought through a variety of ways, dependent on their communication style. Children are enabled to make as many choices as possible throughout the day, such as choosing clothes and activities, and they were also observed making their own pizzas, with toppings of their choice.

Children's care plans are well written, and they guide staff on how best to support children to make choices and how to understand their communication style and symbols. A journal of the summer holidays shows children choosing or requesting activities, with accompanying photos of children enjoying things such as shopping for ingredients and baking, making a play bus in the lounge, enjoying the paddle pool and flying a model plane on the local common.

Staff have supported children well through the uncertain period of the COVID-19 pandemic, with thoughtful approaches to managing the change in routines. The use of social stories has helped children to understand these changes, and has supported them to adjust to new routines. Children remained in contact with family and significant people through video calls and, where appropriate, supported visits.

All children attend the on-site school, and they returned there for the first time since COVID-19 restrictions began. On their return to the home, they were warmly greeted by staff, who were conscious that the new routines may cause some anxiety, and who thoughtfully prepared them on their return from school to be ready for an evening activity. Children were clearly exhausted from a full day at school.

Children's emotional and physical well-being is held central to care. Plans clearly indicate what the child's diagnosis is, and what this means for the individual. A pictorial care and treatment guide enables children to have an understanding of their health and well-being, and it identifies those staff from whom the children are comfortable receiving support. It also aids in determining their level of understanding of their conditions, as well as their competency to provide consent. Joint working with child and adolescent mental health services (CAMHS) and the

local primary care services ensures effective and strong joint working with the school's therapies team.

The safety of children

Children's actions and demeanours show that they feel safe in their home. They confidently approach staff, but also relax in communal spaces. Staff are acutely aware of each child's risks and vulnerabilities, and they do all they can to keep them safe. Staff are confident in the processes that they need to follow should they be worried for a child's welfare, and they understand internal whistleblowing procedures for reporting concerns.

In the main, staff manage children's behaviour well. There have, however, been periods of heightened anxiety, resulting in some behaviours from children that have been a challenge for staff to manage. This has resulted in instances of staff having to hold a bedroom door closed in order to help the child to remain inside and calm. The use of this approach has been discussed with the child, her mother, a social worker and CAMHS. They deem this approach as being essential in order to keep this child safe in troubling circumstances. Since there has been a change in her medication, the need to restrict the child's liberty in this manner has significantly reduced.

Plans are clear on how to best support the child, how to keep her occupied and engaged in positive activities, and how to respond at different stages.

Staff use physical intervention as the final option in a range of pre-planned measures to support children. Due to a change in a child's behaviour during COVID-19 restrictions, staff have had to use an adapted hold, for which they have not had the practical training. This has, however, been agreed with the physical intervention training provider, and staff have received theory training. With COVID-19 restrictions easing, it is hoped that the planned practical training will take place in the coming weeks. Concerns that staff have used techniques beyond the prescribed approach have also been addressed through team meetings and a memo to all staff.

Children and staff benefit from a detailed debrief after all incidents. For example, following an incident, staff make use of symbols to help children communicate their feelings. This creates a positive space for all involved to reflect on their actions, and to consider how best to respond in the future.

Leaders and managers

The home is managed effectively by an experienced temporary registered manager while the permanent manager is on maternity leave. She divides her time between two homes, and staff say she is suitably visible and available to them. They also express confidence in the skills of the deputy manager. Staff benefit from regular supervisions, which they find supportive. They have continued with essential training online during COVID-19 restrictions.

Children's detailed 24-hour care plans identify goals and targets, and also highlight their progress. Risk assessments and care plans duplicate a great deal of information, which is repetitive and excessive. Detail of children's understanding is clearly set out, and staff support children to process concepts such as what is happening now and what is planned to happen in the future. Children's culture and identity are not adequately individualised, for example when they are referred to as being of African heritage rather than their country of birth or cultural identity. There was little information to inform staff on how to meet cultural needs. The plans are not as personalised as the care practice observed in the home.

The management team effectively monitors the quality of care through evaluation of the service, in line with regulation 45, linking areas for development to the development plan. They also respond swiftly to areas raised as requiring development by the independent visitor. The management team maintains effective relationships with partner agencies, ensuring consistent support for children. The school and home recording systems do not engage with each other. This means that the registered manager cannot easily review and have oversight of children's incidents, for example across the home and school day.

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 positive relationships standard is that children are helped to develop, and to benefit from, relationships based on— mutual respect and trust; an understanding about acceptable behaviour; and positive responses to other children and adults.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure— that staff— meet each child's behavioural and emotional needs, as set out in the child's relevant plans. (Regulation 11 (1)(a)(b)(c)(2)(a)(i))</p> <p>In particular, ensure that staff receive training in specific physical intervention techniques.</p>	23 Oct 2020
<p>Restraint in relation to a child is only permitted for the purpose of preventing injury to any person (including the child); serious damage to the property of any person</p>	23 Oct 2020

<p>(including the child); or a child who is accommodated in a secure children's home from absconding from the home. Restraint in relation to a child must be necessary and proportionate. (Regulation 20(1)(2))</p>	
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Recommendations

- Care which meets each child's needs and promotes their welfare, taking into account the child's gender, religion, ethnicity, cultural and linguistic background, sexual identity, mental health, any disability, their assessed needs, previous experiences and any relevant plans. ('Guide to the children's homes regulations including the quality standards', page 14, paragraph 3.2)
- Homes should work closely with health and education professionals to ensure that outcomes identified and progress made by children in building relationships and achieving socially acceptable behaviours can be recorded and measured. ('Guide to the children's homes regulations including the quality standards', page 38, paragraph 8.4)

Children's home details

Unique reference number: 1249259

Registered provider: Priory Education Services Limited

Registered provider address: Priory Group, 80 Hammersmith Road, London W14 8UD

Responsible individual: Hannah Cox

Registered managers: Charlotte Gillett, Tracey Beales

Inspector

Jennie Christopher, Social Care Inspector

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