

1258026

Assurance visit

Information about this children's home

The home is owned by a private company. The home provides care for two children with complex needs.

During this visit, inspectors also monitored compliance against three compliance notices that were issued on 10 August 2020.

There is no registered manager.

Visit dates: 16 to 17 September 2020

Previous inspection date: 20 November 2019

Previous inspection judgement: Declined in effectiveness

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 and widespread concerns in relation to the care or protection of children at this assurance visit:

- Staff do not fully understand all known risks relating to the child residing at the home.
- Staff do not show good professional curiosity to help to keep the child safe.
- Fire safety concerns have the potential to compromise children's and staff's safety.
- Decisions about children moving into and on from the home are not well considered.
- Medication recording errors have the potential to compromise children's health.
- Children's general health and well-being are not promoted well by staff.
- Managers do not ensure that safer recruitment practices are implemented.
- Children do not receive good support from staff to understand how to raise a complaint.
- Staff do not receive regular supervision and effective support.
- Poor management oversight means that the quality of care at the home is not improving.

The care of children

Children's experiences of moving into or on from the home are not always good. On one occasion, a child was moved from the home at short notice without clear preparation and planning. Another child was admitted to the home as an emergency. This was done without due consideration of known risks and a clear assessment about whether the staff are skilled and equipped to meet her needs. Poor care planning means that children experience sudden moves without adequate support and preparation.

Staff support children to keep in touch with their family and social worker. During the COVID-19 pandemic, staff were creative and used technology when government restrictions were in place. However, the child's written contact arrangements are not up to date and lack detail. This has the potential to cause confusion to staff about who the relevant people are in the child's life.

The child's healthcare plans lack detail. Staff do not respond proactively to identified health needs. For example, on one occasion, they did not support a child in



accessing the general practitioner about difficulties in sleeping. This does not promote the child's health and well-being.

Arrangements for handling, recording and disposing of medication are poor. Systems in place are not consistently implemented well by staff. When medication errors occur, records do not provide enough information to help others understand what has happened. In addition, managers take limited action to develop staff practice and reduce the risk of errors being repeated. This does not demonstrate goodquality care by staff and effective management oversight.

Staff work well to ensure that children continue to receive education during the pandemic. One child continued to attend his education provision, while another was taught at home by an online tutor. A young person who recently moved into the home has started an education programme facilitated by the organisation. Placing importance on education and providing children with good access to bespoke education opportunities promote their learning.

When new children move into the home, staff do not help children to understand how to make a complaint. This may limit children's ability to express their views, wishes and feelings in relation to concerns they have about their care.

The safety of children

Managers, including senior managers, and staff do not understand and manage risk effectively. There is not enough guidance to fully support staff to identify, assess and reduce risks. For example, despite a child being vulnerable to exploitation, her risk management plan lacks the detail that would help staff to identify and respond to linked concerns.

Staff do not have the skills to identify and act on signs that a child is at potential risk of harm. This is because managers have not identified and addressed gaps in staff training and knowledge, specific to the individual needs of children. Consequently, staff lack professional curiosity about key issues, for example a child's self-harming behaviour and use of the internet. In addition, guidance about these issues to staff is poor.

Staff do not use information and learning from past events to inform children's plans. For example, managers and staff are aware that a child had set a fire in her previous placement. Despite this, managers have not actioned measures to reduce the risk of fire identified in the fire risk assessment. In addition, inspectors observed two fire doors that were not in good working order, which had not been identified by staff during fire safety audits. Poor responses to fire safety have the potential to place children and staff at significant risk of harm. A referral to the fire service was made as a result of this visit.

The home does not have effective systems in place to prevent children going missing from home during the night. For example, a child who is considered to be at high risk of child sexual exploitation could leave the home during the night without



alerting staff. This risk has not been considered by managers and this does not demonstrate effective safeguarding practice.

Managers and staff have put in place appropriate safety measures in response to the COVID-19 pandemic. Visitors have only recently been permitted to attend the home following the easing of government restrictions. Visitors to the home are expected to have their temperature taken, share contact details to enable track and trace, and verify that they do not have any associated symptoms or have not been in contact with a person who has COVID-19.

Leaders and managers

The provider does not follow safer recruitment practice. Managers have not satisfactorily explored gaps in staff's employment history, reasons for leaving previous employment and verification of identification. This does not protect children from potentially unsuitable people working with them.

Staff do not receive regular, practice-related supervision. This does not enable staff to reflect on their practice and discuss matters affecting the home, the children and their individual circumstances. Staff report that morale is low. They cite not having opportunities to talk about and reflect on a child's placement that ended suddenly before a new child arrived. This does not help to provide a learning environment for staff.

Staff rosters do not contain the full names of staff working at the home. This makes it difficult, over time, to understand who has been working in the home and when. This shortfall was raised at the last inspection and so is repeated.

Managers' oversight of the quality of care is poor. For example, they do not identify shortfalls in risk assessments and safeguarding practice. This hinders their ability to make continuous improvements in the quality of care provided to children.

The provider is effective in managing COVID-19 and has used the flexibilities permitted by the Adoption and Children (Coronavirus) (Amendment) Regulations 2020 responsibly. Independent visitors undertook remote visits and accessed the home's electronic records system during lockdown. Staff supported children to maintain contact by using electronic devices and video calls. Following the easing of restrictions, normal practice has resumed and the independent visitor physically comes to the home.

Four compliance notices have been issued following this inspection and Ofsted will undertake a monitoring inspection to ensure that managers are making the required improvements.



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
The health and well-being standard is that—	01/11/2020
the health and well-being needs of children are met;	
children receive advice, services and support in relation to	
their health and well-being. (Regulation 10(1)(a)(b)) The protection of children standard is that children are protected from harm and enabled to keep themselves safe.	01/11/2020
In particular, the standard in paragraph (1) requires the registered person to ensure—	
that staff—	
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;	
help each child to understand how to keep safe;	
have the skills to identify and act upon signs that a child is at risk of harm;	
understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person;	
are familiar with, and act in accordance with, the home's child protection policies;	
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. (Regulation 12(1) (2)(a)(i)(ii)(iii)(v)(vii)(b))*	
The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children's home that—	01/11/2020



promotes their welfare.	
In particular, the standard in paragraph (1) requires the registered person to—	
ensure that staff have the experience, qualifications and skills to meet the needs of each child;	
demonstrate that practice in the home is informed and improved by taking into account and acting on—	
research and developments in relation to the ways in which the needs of children are best met	
use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation $13(1)(b)(2)(c)(i)(h)$)*	
The care planning standard is that children—	01/11/2020
receive effectively planned care in or through the children's home; and	
have a positive experience of arriving at or moving on from the home.	
In particular, the standard in paragraph (1) requires the registered person to ensure—	
that each child's relevant plans are followed. (Regulation $14(1)(a)(b)(2)(c)$)	
The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medication received into the children's home. (Regulation 23(1))*	01/11/2020
After consultation with the fire and rescue authority, the registered person must—	01/11/2020
take adequate precautions against the risk of fire, including the provision of suitable fire equipment in the children's home. (Regulation 25(1)(a))	
The registered person must recruit staff using recruitment procedures that are designed to ensure children's safety.	01/11/2020
The requirements are that—	



full and satisfactory information is available in relation to the individual in respect of each of the matters in Schedule 2. (Regulation 32(1)(3)(d))*	
The registered person must ensure that all employees—	01/11/2020
undertake appropriate continuing professional development;	
receive practice-related supervision by a person with appropriate experience; and	
have their performance and fitness to perform their roles appraised at least once every year. (Regulation 33(4)(a)(b)(c))	
Schedule 4 sets out the other information that the registered person must keep in relation to a children's home.	01/11/2020
The registered person must—	
maintain in the home the records in Schedule 4; (Regulation 37(1)(2)(a))	
The registered person must ensure that a record is made of any complaint, the action taken in response, and the outcome of any investigation. (Regulation 39(3))	01/11/2020

^{*}These requirements are subject to a compliance notice.

Children's home details

Unique reference number: 1258026

Registered provider: Stanfield Care Children Services Limited

Registered provider address: Unit 6, Cuckoo Wharf, 435 Lichfield Road,

Birmingham, Warwickshire B6 7SS

Responsible individual: Charlotte Riggs

Registered manager: Post vacant

Inspectors

Helen Malanaphy, Social Care Inspector

Shazana Jamal, Social Care Inspector



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