

SC481295

# Assurance visit

## Information about this children's home

The children's home provides care and accommodation for up to five young people who may have learning disabilities. It is privately owned.

There has been no registered manager in post since August 2020.

**Visit dates:** 7 to 8 October 2020

**Previous inspection date:** 8 April 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**

Children say they like the staff who look after them and enjoy a range of activities of their choice. Record books have recently been introduced, which are used to document the things that children enjoy doing and record memories of the time they spend living at the home.

The staff have supported children to stay healthy within the limitations of the pandemic. They have monitored children's emotional well-being and helped them to understand changes to their lives, in line with their level of understanding.

In general, the staff have supported children when they have been unable to attend school. For some children, this means staff have been creative in introducing subtle forms of learning, such as encouraging basic mathematics through weighing ingredients when cooking. One child also spent time away from the home to learn more independent living skills. Another completed some qualifications at the home before moving to an adult placement. However, one child did not engage in any education while living at the home, which means his progress was hindered. Children currently living at the home are adapting to returning to school and the changes to their routines.

Children continue to keep in touch with their families. Regular telephone calls are arranged. As restrictions have relaxed, children are able to meet family members outdoors with social distancing in place. The interim manager is liaising with placing authorities to identify suitable indoor venues for winter months.

Children are consulted individually for their views about their home, and their opinions are listened to. For example, children said that sometimes their evening meal is similar to their meal at school that day. The home has responded by liaising with the school, so that the menu takes account of school dinners and offers more variety.

The comprehensive behaviour support plans used within the home's model of care are developed by a specialist team elsewhere within the organisation. Any delays in the home's receipt of these plans, hamper the ability of the staff in the home to deliver the best quality care to meet individual children's needs.

## **The safety of children**

Poor pre-admission care planning means that some children are admitted whose needs cannot be met. The previous registered manager did not fully consider the risks of admitting a child who knew the local area well. The staff were not equipped to meet unidentified needs, including post-traumatic stress disorder.

Risk assessments and initial behaviour management plans were not in place when the child was admitted. This means that the staff team had little guidance on the young person's needs or how to support them. The staff acknowledge that

communication among the team during challenging periods could have been better, to ensure consistency for children. At times, the staff were unable to manage challenging behaviour and needed to seek assistance from the police. However, the home worked closely with the placing authority to identify alternative options before notice was served on the child's placement.

The child's behaviour had a negative effect on other children in the home. For example, the interim manager reported that this added to one child's levels of anxiety at the point of moving to an adult placement, which is already a difficult transition.

The interim manager ensures that planning for new admissions is more thorough. Initial risk assessments and basic behaviour support plans are in place from admission to provide the staff with guidance for their practice. This means that children now receive safer care.

Incident reports are poorly written. This means it is difficult to understand the course of events and the decisions that the staff make. The interim manager stated that this is due to some of the staff not receiving recording training from the team overseeing behaviour management in the home. This has not been addressed. Records do not show that evaluation of practice has been completed by this external team. Therefore, it is unclear how the staff are guided to adapt their practice in line with the behaviour management model used in the home.

Core staff understand and follow the procedures if a child goes missing from the home. However, on one occasion, a child was able to leave the home undetected. Staff only became aware that he was missing when his mother telephoned to say he was at the family home. Although this was an isolated occurrence, the provider failed to notify Ofsted of this incident.

The home responds to any allegations appropriately and notifies relevant safeguarding partners. Internal investigations by the provider identify shortfalls and how to improve practice.

The staff support children to understand how to keep themselves safe and healthy during the COVID-19 pandemic, at each child's level of understanding. They reassure them when they are anxious about changes in the wider community, for example when they see other people wearing masks.

### **Leaders and managers**

The home has been without a registered manager since August 2020. The deputy manager was leading the home already, due to the previous manager's prolonged absence for health reasons. The provider is currently interviewing candidates for the manager's post. The interim manager and acting deputy are reviewing and implementing new initiatives to improve children's experiences of living at the home.

Changes in the staff team mean that the provider has recruited some agency workers, with the intention of them becoming permanent members of staff. The provider arranged for the agency workers to be used exclusively in the home to minimise the risk of infection. Weekly testing for COVID-19 is now in place for the staff team to monitor their health when caring for children.

The provider has failed to provide regular formal supervision for the interim manager and staff team in line with the company's policy. In part, this is due to challenging circumstances in the home, however alternative technology is only now being considered. This means that the staff have limited opportunities to reflect on their practice at times of crisis. However, the staff say that they have been supported by leaders and managers, and the provider has sought external support for the team's welfare. Training has been delivered online during COVID-19 restrictions.

Some external stakeholders, including social workers, say that communication needs to improve. They report that they, or emergency duty teams, are not always informed of incidents in a timely manner. They acknowledge that representatives of the home do attend meetings to plan children's care and are willing to respond to suggested changes.

Social workers are now visiting the home. They note that the home environment is better. For example, a new kitchen has been installed after lengthy delays. Virtual meetings took place when restrictions were in place.

External monitoring by the independent person remains virtual. The reports of these virtual 'visits' do not provide sufficient analysis to support the regulator's understanding of practice in the home and have failed to identify shortfalls. They do not always clearly state whether children are safeguarded or that their well-being is promoted. The independent person states that the interim manager now responds promptly to recommendations made. Previously, recommendations were repeated due to a lack of response. It is unclear whether senior managers were aware of, or acted to address, repeated shortfalls.

The interim manager does identify shortfalls via internal monitoring. However, the report of the quality of care does not evaluate how practice supports children's progress and does not include opinions of children and external stakeholders.

Not all requirements and recommendations from the last inspection have been met and are therefore repeated.

## **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 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 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>(Regulation 12 (1)(2)(b))</p> <p>In particular, ensure that there are effective risk management plans in place, based on assessment of presenting individual risks, in relation to young people on admission to the home.</p> <p>This requirement is repeated.</p>	<p>20/11/2020</p>
<p>The independent person must produce a report about the visit ("the independent person's report") which sets out, in particular, the independent person's opinion as to whether—</p> <p>children are effectively safeguarded; and</p> <p>the conduct of the home promotes children's well-being.</p> <p>The independent person's report may recommend actions that the registered person may take in relation to the home and timescales within which the registered person must consider whether or not to take those actions.</p> <p>(Regulation 44 (4)(a)(b)(5))</p> <p>In particular, the independent person's report and recommendations should be evaluative and support the registered person's understanding of any shortfalls to ensure compliance with regulations. A clear statement of the independent person's opinions regarding safeguarding and promotion of young people's well-being is required. Where the registered person does not respond to recommended actions, there needs to be a clear process for how this is to be addressed.</p> <p>This requirement is repeated.</p>	<p>20/11/2020</p>

<p>The care planning standard is that children—</p> <p>receive effectively planned care in or through the children’s home and;</p> <p>have a positive experience of arriving at or moving on from the home.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that children are admitted to the home only if their needs are within the range of needs of children for whom it is intended that the home is to provide care and accommodation, as set out in the home’s statement of purpose.</p> <p>(Regulation 14 (1)(a)(b)(2)(a))</p> <p>Specifically, pre-admission placement planning should robustly identify all of a young person’s needs to determine whether the staff have the skills and experience to manage them. In addition, the home’s location needs to be considered as part of pre-admission planning to ensure it is a safe location. Children’s experiences of moving from the home should be positive.</p>	<p>20/11/2020</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>promotes their welfare.</p> <p>In particular, the standard in paragraph (1) requires the registered person to—</p> <p>ensure that staff have the experience, qualifications and skills to meet the needs of each child.</p> <p>(Regulation 13 (1)(b)(2)(c))</p> <p>In particular, the staff should receive good-quality training in recording from the appropriate team within the organisation. Where another team holds responsibility for creating plans or reviewing incidents, this needs to be completed in a timely manner to ensure that the staff are provided with robust guidance on managing young people’s behaviour.</p>	<p>20/11/2020</p>
<p>In order to complete a quality of care review the registered person must establish and maintain a system for monitoring, reviewing and evaluating—</p>	<p>20/11/2020</p>

<p>the quality of care provided for children;</p> <p>the feedback and opinions of children about the children’s home, its facilities and the quality of care they receive in it.</p> <p>The system referred to in paragraph (2) must provide for ascertaining and considering the opinions of children, their parents, placing authorities and staff.</p> <p>(Regulation 45 (2)(a)(b)(5))</p> <p>Specifically, any report should focus on how the quality of care promotes young people’s progress. It should capture the opinions of young people and external stakeholders.</p>	
<p>The registered person must ensure that all employees—</p> <p>receive practice-related supervision by a person with appropriate experience.</p> <p>(Regulation 33 (4)(b))</p> <p>In particular, supervision should be undertaken in line with the provider’s policy and a record made of discussions.</p>	20/11/2020
<p>The registered person must notify HMCI and each other relevant person without delay if—</p> <p>there is any other incident relating to a child which the registered person considers to be serious.</p> <p>(Regulation 40 (4)(c))</p>	20/11/2020

## Recommendations

- For children’s homes to be nurturing and supportive environments that meet the needs of their children, they will, in most cases, be homely, domestic environments. (‘Guide to the children’s homes regulations including the quality standards’, page 15, paragraph 3.9)

Specifically, minor repairs need to be completed to dents in walls and door handles need to be replaced. The manager should identify safety devices for looped blind cords.

## Children's home details

**Unique reference number:** SC481295

**Registered provider:** iMapcentre Limited

**Registered provider address:** Barrowmore Ltd, Barrowmore Enterprise Estate, Barnhouse Lane, Great Barrow, Chester CH3 7JA

**Responsible individual:** Martin McKeivitt

**Registered manager:** Post vacant

## Inspector

Karen Willson, Social Care Inspector



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