

SC437171

# Assurance visit

## Information about this children's home

This children's home is registered to care for five children who have learning disabilities. The provision offers a long-term home for some children and a short break for others.

The manager commenced their post on 16 September 2019 and became registered with Ofsted on 28 April 2020.

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

**Previous inspection date:** 12 November 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 have good relationships with staff. Although there have been a lot of changes in the staff team, the restrictions arising from the COVID-19 pandemic lockdown period helped the relationships between staff and children to develop. They spent good-quality time together and, consequently, staff know the children well and understand their needs and individual methods of communication.

Children are making progress. Their independence skills have improved as have their self-confidence and communication skills. At this visit, the inspector saw staff help children to express their feelings and make choices.

During the lockdown period, all visits to the home and short breaks were suspended. During this time, staff supported children who were unable to visit their families to keep in touch by video calls and the sharing of photographs of activities. As the pandemic restrictions have eased, clear protocols are in place to keep everyone safe, as families and children on short-break provisions are welcomed back to the home.

Placement plans have improved but more work is needed to ensure all plans are of a consistently good quality. In addition, the language seen in a small proportion of plans is vague and emotive. This does not aid consistency of care. Goals set for children have improved, but they are not consistently ambitious for children. This does not help them to reach their full potential.

Children take part in a good range of activities. This view was supported in feedback from staff, families and social workers. Additional play equipment was purchased, including a wheelchair-accessible trampoline. A swimming pool was also bought for the garden, but this could not be accessed by wheelchair users. To address this, and to ensure equal opportunities, staff creatively used the wet room for a foam party with music and lights. One of the children really loved this experience.

Children's health needs are met. There is good evidence of partnership working with medical professionals and families. Children have access to specialist support services as required.

Improved partnership working with education professionals and others enhances the consistency of the care provided. The inspector received very positive feedback from families and social workers about the quality of the care provided and the progress children are making.

## **The safety of children**

Staff understand risk and manage this well. Children's individual risk assessments identify the risk, potential triggers, protective factors and effective strategies. Some risk assessments have a detailed section on the pandemic, but this is not consistent across all children's risk assessments. Impact assessments are carried out on new children coming to the home. They clearly identify any risk that the new child may

present to any of the existing children and vice versa. However, they do not include an assessment of the staff's skills and ability to meet the needs of the prospective child.

Behaviour is managed effectively. Behaviour management plans are clear and provide guidance for staff, including what holds could be used if restraint is required. The number of restraints used since April 2020 has reduced. This is linked to the lack of moves children have had to make between the home and school, as well as the improved relationships with staff. Only the lowest level of restraint is used, and only to keep children safe. Restraint records have improved, but they are not of a consistently good quality because the duration of the hold used is not always recorded. In addition, conversations with children after they have been restrained are sometimes carried out by staff involved in the restraint. Further development is needed to ensure these conversations are meaningful to the child. These weaknesses were not identified by the manager when monitoring the quality of care.

Staff have completed appropriate safeguarding training, including safeguarding children with disabilities. Consequently, staff have spoken to demonstrate a clear understanding of safeguarding practices and their responsibility in relation to this. The one safeguarding referral required since April 2020 has been handled appropriately.

There are clear safeguards in place regarding the pandemic, which protect children and staff.

### **Leaders and managers**

The manager is suitably experienced and qualified for their role. They successfully completed their registration with Ofsted in April 2020. The manager has an appropriate understanding of the home's strengths and areas for development. However, they had not identified some of the shortfalls raised in this report.

Of the nine requirements raised at the previous two inspections, six have been met. Work has taken place in response to the remaining three requirements, but further work is needed, and they have been reset following this visit.

Monitoring by leaders and managers requires further improvement. The six-monthly review of the quality of care covers the required areas but lacks consistent analysis and evaluation. In addition, there is a lack of feedback from children, parents and social workers. A new independent visitor has been appointed to provide challenge, to assist in the improvement of the service.

There have been a significant number of changes in the staff team, including several new staff. Staff receive good-quality training which supports them in their role and development. Where needed, specialist training is provided.

The quality of supervisions is not consistently good. Staff receive regular supervision and said they feel supported. However, supervision records do not reflect the discussions held and there are few actions set. In their current form, they do not support the development of the individual or the staff team.

## 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>6: The quality and purpose of care standard The quality and purpose of care standard is that children receive care from staff who—</p> <p>understand the children’s home’s overall aims and the outcomes it seeks to achieve for children;</p> <p>use this understanding to deliver care that meets children’s needs and supports them to fulfil their potential.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure that staff—</p> <p>protect and promote each child’s welfare;</p> <p>treat each child with dignity and respect;</p> <p>provide personalised care that meets each child’s needs, as recorded in the child’s relevant plans, taking account of the child’s background;</p> <p>help each child to develop resilience and skills that prepare the child to return home, to live in a new placement or to live independently as an adult;</p> <p>make decisions about the day-to-day arrangements for each child, in accordance with the child’s relevant plans, which give the child an appropriate degree of freedom and choice. (Regulation 6 (1)(a)(b)(2)(b)(ii)(iii)(iv)(vi) and (ix))</p>	<p>30/11/20</p>

<p>13: The leadership and management standard 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>understand the impact that the quality of care provided in the home is having on the progress and experiences of each child and use this understanding to inform the development of the quality of care provided in the home.</p> <p>demonstrate that practice in the home is informed and improved by taking into account and acting on feedback on the experiences of children, including complaints received.</p> <p>use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(a)(b) and (2)(f)(g)(ii)(h))</p>	<p>30/11/20</p>
<p>33: Employment of staff The registered person must ensure that all employees receive practice-related supervision by a person with appropriate experience. (Regulation 33(4)(b))</p> <p>In particular staff supervision must be reflective and aid the development of the member of staff.</p>	<p>30/11/20</p>
<p>35: Behaviour management policies and records The registered person must ensure that—</p> <p>within 24 hours of the use of a measure of control, discipline or restraint in relation to a child in the home, a record is made which includes—</p> <p>a description of the measure and its duration;</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. (Regulation 35 (3)(a)(iv)(c))</p>	<p>30/11/20</p>

<p>In particular the duration of each hold used must be recorded and the conversation with a child after they have been restrained must be meaningful to that child.</p>	
<p>45: Review of quality of care The registered person must complete a review of the quality of care provided for children ("a quality of care review") at least once every 6 months.</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>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; and</p> <p>any actions that the registered person considers necessary in order to improve or maintain the quality of care provided for children (Regulation 45 (1)(2)(a)(b)(c))</p> <p>In addition, the registered manager must increase the level of analysis and evaluation within the report.</p>	<p>01/01/21</p>

## Recommendations

- The registered person must ensure that staff have the relevant skills and knowledge to be able to: respond to the health needs of children; administer basic first aid and minor illness treatment; help children to manage long-term conditions and where necessary meet specific individual health needs arising from a disability, chronic condition or other complex needs.  
(‘Guide to the children’s homes regulations including the quality standards’, page 34, paragraph 7.12)  
In particular, a risk assessment relating to the current pandemic must be completed for each child.
- The registered person should only accept placements for children where they are satisfied that the home can respond effectively to the child’s assessed needs as recorded in the child’s relevant plans and where they have fully considered the impact that the placement will have on the existing group of children. The Statement of Purpose is an important document in the process of care planning as it sets out the needs of children the home is set up and equipped to care for.  
(‘Guide to the children’s homes regulations including the quality standards’, page 56, paragraph 11.4)

In particular, an impact risk assessment needs to be completed for all children and take into account the staff's skills to meet the child's identified needs.

## **Children's home details**

**Unique reference number:** SC437171

**Registered provider:** Active Care Group

**Registered provider address:** 1 Suffolk Way, Sevenoaks TN13 1YL

**Responsible individual:** Vacant

**Registered manager:** Kay White

## **Inspector**

Wendy Anderson, Social Care Inspector

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