

SC046276

Assurance visit

Information about this secure children's home

This secure children's home is managed by a local authority. The Department for Education approves it to restrict young people's liberty. The children's home can accommodate up to 12 children and young people who are aged between 10 and 17 years and accommodated under section 25 of the Children Act 1989. Admission of any young person under 13 years of age requires the approval of the Secretary of State.

The commissioning of health services in this home is the statutory responsibility of NHS England under the Health and Social Care Act 2012. Education is provided on site in dedicated facilities.

The registered manager is registered with Ofsted and has managed the home since August 2016.

Visit dates: 12 to 14 October 2020

Previous inspection date: 3 March 2020

Previous inspection judgement: Sustained 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 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 benefit from well-planned care provided by a staff team which shares a common drive to improve their outcomes and to keep them safe. Warm, trusting relationships help the children to reflect on their histories, learn new strategies and to feel that they have adults around them on whom they can rely.

Staff have acknowledged the impact the COVID-19 pandemic has had on contact with children's families. The children have been supported during this time to maintain contact using technology as well as telephone calls. Face-to-face visits are now taking place with the use of personal protective equipment (PPE) to enable children to be able to hug their family members while at the same time staying safe.

At the start of the pandemic, healthcare staff met with the children to speak with them about the necessity of PPE, including familiarising children with equipment to help with their understanding. This helped them to adjust to and understand the significant impact this pandemic is having on their home, families and the wider world.

Attendance at education has remained high. The hours of education have been maintained throughout the pandemic, and there has been a determination from the whole staff team that children's education has not been compromised due to the COVID-19 pandemic.

Following national guidance, all new admissions to the home have had to isolate for a period of 14 days. The staff are utilising the layout of the building and have used the high dependency unit for new admissions so that they have had space and privacy, and their presence had not had an impact on other children living in the home. Children told inspectors that during this period of isolation they felt supported by staff and used the time to relax. A Comprehensive Health Assessment Tool (CHAT) is completed during this time, so that children's medical and emotional needs are assessed and plans made to meet any identified needs.

The safety of children

Members of staff are aware of each child's needs and vulnerabilities. They respond effectively and conscientiously to any incidents where children are at risk. This

includes sensitive support when children are distressed and need extra supervision. Staff manage the challenge of supervising children when they are at risk of self-harm and ensure that their practice is not overtly intrusive. Considerable efforts are made to help children learn new strategies, increase their own resilience and manage their painful emotions.

Each child has a plan in place, which outlines how they prefer to be held should they need to be physically restrained. The inclusion of their preference helps them to feel that they are listened to. Physical restraint is used appropriately to keep children and others safe. Debrief sessions after these incidents are held, which include both the children's views and the staff's. This ensures that there is an opportunity for all involved to reflect and learn from the incident.

The use of single separation and children being managed away is appropriate. Managers provide an ongoing review and assessment of the measure so that the use is deemed to be proportionate and necessary.

Staff are aware of what to do and who to share information with if they have concerns about a child's well-being. This includes sharing information with social workers or designated officers if necessary. Clear procedures, which are implemented in practice, guide staff in this process. Consequently, plans are put in place to keep the children safe and minimise risks.

Children have ready access to advocates. This means that they are able to share concerns about their care and experience of living in this home with external adults. Feedback from the home's independent advocate about the manager's and staff's response to children's issues is excellent. Complaints raised by children are reviewed and responded to promptly and to the satisfaction of the children. It is clear that their views are valued and promoted.

Leaders and managers

Managers continue to expect high standards of care for the children. Feedback from children, parents and professionals about the approach and commitment of the staff team, is excellent. A parent reported, 'If I had to only use three words to describe literally all my experiences with every staff member that I have crossed paths with, without exception every one of the team [has] been efficient, impactful and kind.'

Children's care plans are reviewed and updated to reflect their changing needs. Their views are seen as central to this process, and there is an embedded culture of promoting each child's preferences so that they can feel they have a meaningful influence on the direction that their life is taking.

During the COVID-19 pandemic, the registered manager has reduced the occupancy of the home. There is also an established minimum ratio of staffing on a one-to-one basis for the children. This means that they have ready access to support from adults.

Recommendations made at the last inspection have all been addressed. Children's opinions in relation to how they prefer to be supported during a restraint are in place, and all members of staff are aware of any potential risks to the children. The head of education has addressed the recommendations relating to education made at the previous inspection. He has carried out a range of quality improvement activities and used the results of these to agree performance targets and identify staff development needs.

The health team on site continues to work closely with colleagues from other disciplines. This has led to a shared drive to develop bespoke plans for each child and to use the broad level of expertise available to underpin practice and grow staff awareness and skills.

Members of staff are clear that ligature cutters are regularly checked for sharpness after they have been used so that they can be relied on to be effective if they are needed again in an emergency. These checks have not been recorded. A recommendation is made in relation to this.

What does the children's home need to do to improve?

Recommendations

- Staff should continually and actively assess the risks to each child and the arrangements in place to protect them. Where there are safeguarding concerns for a child, their placement plan, agreed between the home and their placing authority, must include details of the steps the home will take to manage any assessed risks on a day to day basis. ('Guide to the children's home's regulations including the quality standards', page 42, paragraph 9.5)

In particular, make sure that records are maintained that show that ligature cutters have been checked to ensure that they remain sharp and effective especially after they have been used.

Secure children's home details

Unique reference number: SC046276

Registered provider: Devon County Council

Registered provider address: Chief Officer for Children's Social Services, Devon County Council, County Hall, Topsham Road, Exeter, Devon EX2 4QD

Responsible individual: Vanessa Strang

Registered manager: Darren Beattie

Inspectors

Paul Taylor, Social Care Inspector
Barnaby Dowell, Social Care Inspector

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