

1249035

Assurance visit

Information about this children's home

This children's home is operated by a private company. The home is registered to provide care and accommodation for up to six children who may have emotional and/or behavioural difficulties.

The children have access to the organisation's on-site school.

The manager is in the process of reapplying to register with Ofsted.

Visit dates: 16 to 17 September 2020, and 22 October 2020

Previous inspection date: 28 August 2019

Previous inspection judgement: 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

The relationships between children and staff are positive. Children enjoy and benefit from spending time with staff, which was evident during this visit. One child said, 'This is a good place to be. I get on with the staff and being here has definitely helped me.'

Children have been supported to keep in regular contact with their families. When necessary, plans have been amended to minimise the impact of the lockdown and social distancing measures on children's family contact time. For example, children have used video calls when face-to-face visits were stopped, and, when safe to do so, they have met with family members in open public spaces.

Children have participated in a wide range of fun activities when safe to do so. Children spoke about going jet-skiing, go-karting and visiting theme parks and the seaside. During lockdown, they were encouraged to go for walks as part of a daily exercise routine. Children said that they have particularly enjoyed playing in the inflatable swimming pool.

All children attend the on-site school. For some children, this has remained a stable part of their daily routine. For others, behaviours such as going missing from home have limited their levels of attendance and engagement. It is positive that since returning to school after the summer holidays these children have begun to reengage in their education programme.

Children's health needs are being met. Staff have ensured that children have been able to access routine and specialist health services as required. Any specific actions are detailed in the child's plans and risk management plans, and these are routinely implemented by staff. However, one risk management plan for a child who has a heart condition is not sufficiently explicit about what action staff should take if that child shows symptoms of being ill when the GP is not available. This has not been an issue so far, but has potential to be an issue in the future, especially considering the current pandemic.

Overall, staff have managed to maintain good levels of care and support for the children. This has not been without challenge and there have been times when staff have worked extremely hard to effectively manage presenting behaviours and risks. Managers have reflected on these experiences and made changes to practice where necessary. A social worker said, 'There have been issues, but it seems much calmer now. The staff are more in control. The manager is strong and gives clear direction.'



The safety of children

Each child has an individual programme of support that is developed in conjunction with the home's clinician. The programme is implemented by a team of staff who demonstrate a good understanding of each child's behaviours, risks and vulnerabilities. Some children have presented concerns due to going missing from the home. This has tested staff, who have demonstrated high levels of resilience and determination. In all cases, missing from care protocols have been followed. Patterns of concerning behaviour have been recognised, and strategy meetings have been convened when required.

Managers show good learning from these incidents, some of which have been of significant concern. They have introduced a range of measures to improve the supervision of children and the security of the home. These measures, combined with the discharge of one child, have led to a significant reduction in incidents of children going missing.

Managers have taken the appropriate action in response to a serious safeguarding concern. They took immediate steps to reduce the risk to the children and are working closely with the police and safeguarding professionals as part of an ongoing investigation.

Children understand and, for the most part, adhere to the rules and boundaries that are in place. The use of sanctions is rare, with staff preferring to highlight and reward positive behaviour.

Leaders and managers

Having resigned her registration to spend more time with children, the manager found herself back in a management role when her replacement fell ill. Since taking over, she has balanced her two roles well, providing strong leadership that has ensured that challenges have been overcome and improvements have been made.

There have been very few changes to the staff team during the reporting period, with only one new starter, and one member of staff being dismissed. Staff said that they feel supported by the management team and that they benefit from regular formal supervision.

Staff have continued to complete mandatory training, using online courses and webinars. All staff have completed training in working with children who display sexually harmful behaviour. Plans are being developed for staff to complete AIMS assessment training to further improve their knowledge and understanding of this particularly complex and challenging group of children.

The manager has continued to maintain a good standard of monitoring. A range of routine checks are now undertaken to ensure that the children's plans and risk assessments are being followed. She has undertaken a comprehensive review of the



last six-months and has a good understanding of the home's strengths and areas for development. The independent visitor has provided further scrutiny, using a virtual approach to monthly visits.

One requirement and six recommendations were made at the last inspection. Suitable action has been taken to address all of these.

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 regulations including the quality standards, page 24, paragraph 9.5)

Specifically, staff should ensure that the child's risk management plan provides explicit guidance on what immediate action staff should take if the child with a heart condition shows symptoms of being ill when the GP is not available.



Children's home details

Unique reference number: 1249035

Registered provider: Care 4 Children Residential Services Limited

Registered provider address: 1 Stuart Road, Bredbury Park Industrial Estate,

Bredbury, Stockport SK6 2SR

Responsible individual: Amy Moulton

Registered manager: post vacant

Inspectors

Paul Scott, Social Care Inspector



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