

SC035500

Assurance visit

Information about this secure children's home

This secure children's home is operated by a local authority and is approved by the Secretary of State to restrict young people's liberty. The children's home can accommodate up to 24 children and young people who are aged between 10 and 18 years.

All of the places available at the children's home are commissioned on a contractual basis by the Youth Custody Service (YCS). The YCS may under certain circumstances permit local authority children's services to spot-purchase a vacant bed at the children's home, to enable a local authority to place a young person on welfare grounds under section 25 of the Children Act 1989. Admission of any young person who is under 13 years of age under section 25 of the Children Act 1989 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 current manager registered with Ofsted for this children's home in July 2015.

Visit dates: 28 September to 30 September 2020

Previous inspection date: 21 January 2020

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 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 speak positively about the care and support they receive living at this home. Their individual needs are understood and they each receive care aimed at meeting these. Consequently, they make progress, especially when bearing in mind their starting points. Inspectors observed interactions between the children and staff. These were seen to be warm and supportive with children seeking their company, reassurance and affection.

Children have continued to maintain contact with their families despite restrictions in place due to the COVID-19 pandemic. Managers have adapted the premises so that families can visit and although they can't physically touch, they are able to see each other. Children have also had increased access to telephone calls as well as the use of technology to maintain contact with those that are important to them.

The education of children has been promoted despite the constraints placed on everyone due to COVID-19. Attendance at education in Vinney Green has remained high during the pandemic. Education staff have worked with care staff to ensure that attendance at education has been prioritised. As a result, planned hours of education have been maintained almost without interruption. Children have achieved well and some have successfully taken and passed exams.

There has been good joint working between health professionals, care staff and external partners throughout the pandemic to help ensure that children are kept safe and that their health needs are met.

During periods of isolation, children have continued to have access to health services. This has included the completion of the Comprehensive Health Assessment Tool (CHAT) and access to medication. Innovative distraction packs have been developed, including in-room exercise guides. These have been shared nationally as exemplars of good practice. Following a period of isolation, each child sees a mental health practitioner to assess their mental health and support is offered if required. This thorough approach ensures that children's emotional and physical well-being is promoted to a good standard.

The safety of children

Children's vulnerabilities and risks are known by all the professionals who care for them. Good joint working and sharing of information ensures that bespoke plans are in place for each child so that their risks can be managed, and they are kept safe. Room checks on children assessed as vulnerable to self-harm are implemented effectively.

Each child's plan outlines how they prefer to be supported if they are anxious or angry. This helps staff to understand each child's perspectives and means that their approaches and individual strategies can be designed to meet each child's needs. A parent said that 'the staff have done really well; she has stabilised, they have de-escalated very quickly.'

Social workers and professionals from the safeguarding team speak positively about communication and sharing of issues or concerns. Consequently, all necessary agencies can make informed decisions promptly if they have concerns about a child's safety or the actions of a member of staff.

There are high levels of scrutiny of restraint. This is as a consequence of practice being questioned and criticised in the past and which has led to Ofsted taking compliance action.

The recording of restraint and subsequent analysis of incidents is now more rigorous. External managers as well as an independent manager from the safeguarding team assess incidents. Additionally, each child is able to meet staff not involved, to give their opinion on how they feel they have been treated. They are also able to speak to independent advocates about these incidents if they wish.

Each child's health needs are known and identified so that members of staff are aware of specific risks in the event that they have to physically control a child.

Briefings take place after incidents so that practice can be reflected upon and learning gained. CCTV footage is also scrutinised as part of this process to ensure that reports reflect what happened and are accurate. The external scrutineer from the safeguarding team has not been trained in the methods which staff use. Training in this would help underpin an understanding of the holds and practices which staff implement when they are having to physically control children.

Leaders and managers

Managers and staff have shown sensitive insight into how restrictions placed on children during the COVID-19 crisis have impacted on their anxiety and well-being. They have worked innovatively to ensure that contact with families can be achieved despite the necessary constraints. They have also ensured that children have additional access to technology so that virtual contact can be maintained for those families who are unable to physically visit. This contact has helped to reassure children during this worrying time.

Occupancy has been reduced during the COVID-19 crisis. This has meant that in effect, staff ratios have increased. Consequently, children have had access to intense support when they have needed it. The freeing up of staff has also meant that the children have had an increased menu of activities and staff available to facilitate these. A child's mother said that 'he's always doing something, he never complains about not having enough to do.'

Children's care plans are scrutinised by different professionals. This means that their care is thought through and residential workers have guidance from professionals such as psychologists and social workers as well as youth justice workers. Importantly, the children and their families' views are welcomed as part of this process.

Managers welcome feedback on their service. Visits by the independent visitor outline any shortfalls and the registered manager acknowledges these and puts in place action plans to address them. The independent advocate speaks positively about the staff approach and willingness to explore and address any issues. The scrutiny of physical restraints by senior managers as well as independent managers is an example of the staff team wanting to reflect upon and improve practice.

Staff have their performance reviewed and assessed during supervision sessions. If any issues are raised which relate to the member of staff's performance, clear improvement targets are put in place. These are underpinned with training so that the member of staff can improve their quality of performance and the quality of care.

Progress has been made on some of the recommendations related to healthcare and education but not all have been assessed during this visit. Some recommendations are therefore repeated. Other requirements and recommendations made at the last inspection have now been addressed.

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

Recommendations

- The ethos of the home should support each young person to learn. ('Guide to the children's homes regulations including the quality standards', page 29, paragraph 5.18) In particular, leaders and managers need to support teaching staff to improve the way they plan learning to ensure that children maximise their learning time, managing poor behaviour robustly and constructively.
- The ethos of the home should support each young person to learn. ('Guide to the children's homes regulations including the quality standards', page 29, paragraph 5.18) In particular, leaders and managers need to focus on delivering a fuller education experience, over and above academic achievement, ensuring that they define children's starting points across the broad range of skills, behaviours and

attitudes that they need to develop, monitoring how they are progressing and supporting them to reach their full personal and social potential.

- The ethos of the home should support each young person to learn. ('Guide to the children's homes regulations including the quality standards', page 29, paragraph 5.18). In particular, leaders and managers need to support teaching staff to devise clear ways of identifying and capturing what children have learned to do in the non-accredited areas so that they can use this information when they apply for further training, studies or employment in the community.
- The ethos of the home should support each young person to learn. ('Guide to the children's homes regulations including the quality standards', page 29, paragraph 5.18). In particular, teaching staff should improve the quality of the feedback they offer children so that they know how to improve their work.
- The registered person should ensure that all incidents of control, discipline and restraint are subject to systems of regular scrutiny to ensure that their use is fair and the principles as set out in 9.35 are respected. ('Guide to the children's homes regulations including the quality standards', page 46, paragraph 9.36). In particular, provide training in the methods of restraint used in the home to independent staff who take part in their review and scrutiny.

Secure children's home details

Unique reference number: SC035500

Registered provider: South Gloucestershire Council

Registered provider address: South Gloucestershire Adults, Children's and Health, PO Box 1955, Bristol BS37 0DE

Responsible individual: Jo Cross

Registered manager: Alison Sykes

Inspectors

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