

SC038719

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 children's liberty. The home can accommodate up to 16 children aged between 10 and 17 years who are placed by local authorities under section 25 of the Children Act 1989.

Under section 25 of the Children Act 1989, admission of any child who is 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.

Visit dates: 21 to 24 September 2020

Previous inspection date: 22 October 2019

Previous inspection judgement: Improved 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 are relaxed in the company of the staff caring for them. Children actively seek out the company and reassurance of staff. Spontaneous acts of affection abound.

Carefully thought through plans that have been developed with input from different teams, such as health professionals and residential staff, ensure that staff are aware of the complex individual needs of the children. Care is delivered with children's unique needs at the forefront of staff practice. Consequently, children make considerable progress, especially when taking into account their previous experiences and difficulties.

The quarantine measures that have been imposed on children, in line with guidance and practice used in secure accommodation across the country, meant that children who have been newly admitted to the home have felt isolated and anxious. These children were also less able to develop relationships with staff and peers. The home experienced a period of instability and disruption due to children being upset and unhappy about their experience of arriving at the home and going straight into a period of isolation. This led to an unsettled and tense atmosphere. The efforts of staff have helped to resolve children's frustrations and children feel safer and more settled as a result.

Despite the required restrictions, staff have worked hard to reassure children and to ensure that children have continued to have contact with their families. The use of technology has helped in this process, especially when face-to-face physical contact was not possible. Feedback from parents about the contact they have had with their children is positive.

During the lockdown period, children had access to a limited timetable of education. They now access their full entitlement of education hours and attendance is generally good. During the time when education hours were reduced, children undertook homework. The children's survey indicates that they feel positive about their education experience throughout the COVID-19 lockdown.

The safety of children

Staff know what to do and who to inform if there are any concerns about children's well-being. There are established working relationships between the managers and

local safeguarding agencies. This means that allegations or concerns are correctly processed and that the right steps are taken to protect children.

The impact of COVID-19 meant that for a period between June and August several new staff and redeployed staff from other homes were working on shift. Although supported by more experienced staff, several incidents arose due to the staff's lack of awareness and knowledge of procedures in a secure unit. There were no serious injuries as a result of these shortfalls, but children and staff were placed at risk of potential harm. Senior managers took steps to address these gaps, providing additional support to staff and children and building the confidence and skills of staff. This has had a positive impact, resulting in more stability and safety for the children and staff.

It is evident that staff know the children well. Relationships are built on understanding and care. Staff understand each child's individual needs, and this means that behaviour support is designed in a bespoke way. Staff implement identified strategies to calm and reassure children effectively and there has been a significant reduction in incidents of self-harm or violence.

The use of physical restraint is reviewed effectively. Any practice issues or a need to review strategies are identified and debriefs are used well so that children and staff can reflect and learn from these situations.

There is now an emphasis on rewarding positive behaviour; this is an improvement. Children have targets related to improving their behaviour and developing coping skills and they can earn rewards, such as extra 'tuck' or additional activities if they succeed. This newly implemented rewards system has not yet been fully embedded, but it has had an encouraging start.

Leaders and managers

There has been a period of severe disruption in this home. The senior leadership team has significantly changed over a short period of time and there have been numerous new recruits. The impact of COVID-19 on the established staff team has meant that other staff from residential settings in the local authority were redeployed to this home. There was also an increased reliance on staff from an agency, many of whom had little knowledge or experience of working in secure conditions. Staff have, on occasion, displayed a lack of awareness and shown naivete.

The staffing situation was also exacerbated by the necessary implementation of the practice of placing children in quarantine for two weeks when they were newly admitted to the home. This was a nationally implemented policy led by Public Health England. Children, who were already anxious about being admitted to secure accommodation, had little opportunity to develop meaningful relationships and trust while in isolation. Consequently, they displayed anxious and distressed behaviours which were, on occasion, very challenging.

As a result of these pressures, there were numerous incidents and a lowering of confidence and morale for the staff team. The independent visitor was clear in her reports that there were concerns and appropriately made other professionals aware. Senior managers, who had also recognised these pressures and risks, implemented an action plan to bring back stability and safety. This has been achieved and children are making progress.

There is now a team of experienced managers on site who provide scrutiny and support to the staff. Core members of the staff team who are not affected by COVID-19 have established themselves as role models and this is helping less experienced staff.

The occupancy of this home has also been significantly reduced while staff continue to consolidate their new-found skills and knowledge. Senior managers from the local authority have committed to only increasing occupancy once they are confident that the staff have the skills that are needed to provide safe, consistent care. Although progress is being made, the home remains fragile.

The education team remains a source of stability and continuity for the children. A working party, made up of care and education staff, was set up to promote to children the importance of attending education. The percentage of children refusing to attend education through lockdown has decreased markedly compared with at the time of the previous inspection.

Collaborative working between staff and the health team on site has also significantly improved. Health professionals have positive and supportive relationships with the children. Joint training in the trauma recovery model used in this home has meant that there is a cohesive approach and joint planning involving the different disciplines. This helps to underpin strategies and a shared understanding of the children's needs. Staff knowledge of 'Secure Stairs' is not consistent across the whole team. This means that not everyone is familiar with the principles of this approach. A recommendation is made that training is provided to address this shortfall.

There have been significant shortfalls in the quality and monitoring of some records by managers, for instance the checking of periods of single separation or the rationale for their use had not been scrutinised effectively. Although the standard of recording is improving, a requirement is made to ensure that the quality and monitoring of these records are consistently maintained.

While it is evident that staff care passionately about the children in their care, there have been a small number of occasions when staff have not expressed their views professionally or appropriately to other professionals. This has the potential to undermine their credibility and to cause a loss of confidence on the part of other agencies in the objectivity of staff.

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 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>the name of the child;</p> <p>details of the child’s behaviour leading to the use of the measure;</p> <p>the date, time and location of the use of the measure;</p> <p>a description of the measure and its duration;</p> <p>details of any methods used or steps taken to avoid the need to use the measure;</p> <p>the name of the person who used the measure (“the user”), and of any other person present when the measure was used;</p> <p>the effectiveness and any consequences of the use of the measure; and</p> <p>a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure;</p> <p>within 48 hours of the use of the measure, the registered person, or a person who is authorised by the registered person to do so (“the authorised person”)—</p> <p>has spoken to the user about the measure; and</p> <p>has signed the record to confirm it is accurate; and</p>	<p>24/12/2020</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)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(b)(i)(ii)(c)(iv))

In particular, ensure that records include the correct details and the rationale behind the use of single separation and that managers correctly monitor and endorse these records.

Recommendations

- The registered person should ensure that staff can access appropriate facilities and resources to support their training needs and should understand the role they play in training and development of staff in the home. ('Guide to the children's homes regulations including the quality standards', page 53, paragraph 10.11)

This is with specific reference to ensuring that all staff are familiar with the Secure Stairs process and receive training on how to present professionally at all times.

Secure children's home details

Unique reference number: SC038719

Registered provider: Hampshire County Council

Registered provider address: 3rd Floor, Elizabeth II Court North, The Castle, Winchester, Hampshire SO23 8UG

Responsible individual: John Stacey

Registered manager: Sophia Mathias

Inspectors

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

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