



Rainsbrook Secure Training Centre

Willoughby
Near Rugby
Warwickshire
CV23 8SY

Assurance visit

Inspected under the secure training centres inspection framework

Information about this secure training centre

Rainsbrook Secure Training Centre is operated by MTC. The centre provides accommodation for up to 87 children aged 12 to 17 years who are serving a custodial sentence or who are remanded to custody by the courts. The centre has provision (within the 87 beds) for three mother and baby placements. There were 43 children resident at the time of this assurance visit.

Education is provided on site in dedicated facilities by Novus. Healthcare services are provided by NHS England under a service level agreement. The commissioning of health services at this centre is the statutory responsibility of NHS England under the Health and Social Care Act 2012.

Visit dates: 26–29 October 2020

Dates of last inspection: 17–21 February 2020

Overall judgement at last inspection: Requires improvement to be good

Information about this inspection

Due to COVID-19 (coronavirus), Ofsted, the Care Quality Commission (CQC) and Her Majesty's Inspectorate of Prisons (HMIP) suspended routine inspections of STCs in March 2020. As part of a phased return to routine inspection, we are undertaking assurance visits to secure training centres.

This inspection was carried out in accordance with Rule 43 of the Secure Training Centre Rules (produced in compliance with Section 47 of the Prison Act 1952, as amended by Section 6(2) of the Criminal Justice and Public Order Act 1994), Section 80 of the

Children Act 1989. Her Majesty's Chief Inspector's power to inspect secure training centres is provided by section 146 of the Education and Inspections Act 2006.

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All inspections carried out by Ofsted, HMIP and CQC contribute to the UK's response to its international obligations under the UN Optional Protocol to the Convention against Torture (OPCAT) and other Cruel, Inhuman or Degrading Treatment or Punishment. OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees.

Findings from the visit

We identified the following serious concerns in relation to the care or protection of children at this assurance visit:

- Newly admitted children who have to self-isolate in line with national COVID-19 pandemic guidance are locked into their bedrooms for a 14-day period and only allowed out each day for 30 minutes. There is no rationale to support this practice.
- Almost one in four children (23%) said that they do not feel safe.
- There is failure of leadership to consistently ensure children's safety and well-being and to fully address deficiencies in their care. This is exemplified by the serious concerns raised in this report and by their failure to address the recommendations made at the last inspection in February 2020. Some of these recommendations were significant to the well-being and safety of children. This evidences poor leadership and as a result significant concerns remain about practices at the STC and the care and safety of children.
- For some vulnerable children, there are no personalised plans to support the decisions to place children on close observations. Support plans that have been developed are not easily accessible to all custodial care officers. This means that not all are aware of the risks to children and the strategies that need to be implemented to keep vulnerable children safe.

The care of children

Staff make children aware of the COVID-19 restrictions on their admission to the centre, how these will affect them as individuals and the impact on group living arrangements, education pathways and available activities.

Newly admitted children live on a 'reverse cohort' unit for 14 days to isolate in line with national COVID-19 pandemic guidance. Children are locked in their bedrooms all day and night, only being allowed out for 30 minutes each day. Records from these 14-day periods show that there is no meaningful interaction with children. This is an excessive amount of time for children to be locked in, is tantamount to solitary confinement, and is highly likely to be damaging to their emotional and physical well-being. Staff complete welfare checks on the children throughout the day and night, but for some of these children, there are no personalised plans in place to support staff practice in why children need regular and close observations to help keep them safe.

The centre's standard practice of locking children in their rooms for 14 days is permitted through its exceptional delivery model. However, there is no rationale for locking children into their bedrooms in this way. There are adequate staffing resources available to provide meaningful activities and social contact for children above and beyond the 30 minutes they are allowed out of their bedrooms and within COVID-19 pandemic guidelines. Current practices therefore do not consider the needs of children and have the potential to have a significant impact on children's welfare and emotional health.

Complaints logs indicate a rise in emotional abuse towards children during the COVID-19 pandemic. This mostly relates to reported incidents of staff swearing at children or 'taking banter too far'. External agencies also note this to be a concern. Senior centre staff recognise this as a growing issue and are taking measures to monitor and address this increasing trend. Some children said that they did not feel that all senior staff, including some operational service managers, were willing to listen to them or take their concerns seriously.

In contrast to matters raised in complaints by children, relationships between children and custodial care officers (CCO) were observed to be positive. Children said that they feel that the CCOs know them and understand their needs. Children commented that they felt able to talk to CCOs and their case workers about issues that concerned them, including about COVID-19 and how the pandemic is affecting them.

Face-to-face visits to children by those important to them were suspended by the centre in March 2020 in line with national guidance. These recommenced in July 2020 with COVID-19 safety measures in place. Children said that they feel 'connected' to their families despite the COVID-19 pandemic. They understand the reasons for contact restrictions and accept these but said that they miss physical contact with their families at this time. One child commented, 'You need a hug more at the moment, don't you?' Children welcomed increased phone credit provided by the centre in the early days of the COVID-19 pandemic and felt that this helped them to cope.

Take-up by children for video calls with their families has been low, despite this being made available by the centre. Contact 'direct into the family home' was too emotionally difficult for most children. Children had remote access to advocacy services and chaplaincy services during the COVID-19 restrictions.

Children's release from the centre has been mostly well planned. Despite the challenges of the COVID-19 pandemic, most eligible children were supported with sustainable accommodation and some form of employment, training or education being arranged for them before their release.

Children have continued to have access to an appropriate range of health services. Healthcare staff know the children and have worked hard to build relationships with them. Processes are in place for children that are shielding or isolating to ensure that health assessments are carried out and that necessary provision is given, including medication. Health staff have used in-room telephony to increase contact with children, including daily welfare checks at the start of the pandemic. Where a child needs to be seen in person, this is facilitated.

Healthcare and other staff have good access to personal protective equipment and additional infection prevention and control measures have been increased in line with local and national guidance. There is good access to COVID-19 testing for children.

Children received education work packs to complete in their residential units during most of the Covid -19 restrictions as all education classes were suspended. Leaders and managers did not carry out sufficient analysis to measure how many children have successfully engaged in this learning activity and therefore they are unaware what benefit this activity has had for children's progress and learning.

From mid-June, incremental increases to education classes were introduced, progressing to full education entitlement for all children only being established three weeks prior to the visit. However, children who should now be attending the full-time offer of education were seen by inspectors on house units during the school day. Staff are therefore still not consistently ensuring that children are attending education. Managers acknowledge that the education curriculum requires further development in order to meet children's learning needs.

The safety of children

Almost one in four children (23%) reported in the survey, and told inspectors during the visit, that they do not feel safe in the centre.

Risks to children's safety are identified on their admission and these are continually reviewed through regular multidisciplinary meetings. The support plans formulated from these meetings are not easily available to the CCOs that work directly with the children. This means that not all staff are aware of the specific risk management or reduction strategies in place to help keep children safe, such as those associated with suicide and self-harm (SASH) plans. Although most staff spoken with understood and were able to

explain the content of the children's plans, staff who do not know the children as well are not guided in how to keep children safe and care effectively for them due to these plans not being easily available to them.

The centre-wide regime restrictions in place in response to the COVID-19 pandemic resulted in a reduction in the levels of use of force and physical restraint. Since these restrictions have started to relax and more planned activities are taking place, these rates are returning to high pre-lockdown levels.

Restraint management plans are now reviewed regularly and some of the revised plans were being disseminated to most of the units to support staff to understand children's needs and be able to care for them safely, though this is not consistent.

Support plans developed by case managers, specialist staff and the safeguarding team demonstrate that they are aware of children's backgrounds and understand how this may impact on children's current behaviours and actions. This information is not consistently disseminated to CCOs that work directly with children. These support plans do not include any reference to, or consideration of, the impact that the COVID-19 pandemic may have on children's feelings of safety or their emotional well-being. This lack of understanding is likely to have a negative impact on staff's ability to care for children effectively.

Leaders and managers

Progress on recommendations made at the last inspection in February 2020 has been negligible and evidences poor leadership. Only one of the 19 recommendations made has been fully addressed. A number of areas in the centre's action plan are recorded as not yet started or showing little progress. There was no evidence provided by leaders and managers that shows that these recommendations have been addressed. In addition, there is no narrative or record to suggest that the lack of action and progress is due to the impact of the COVID-19 pandemic. Some of these recommendations required immediate attention in order to improve the care, safety and well-being of children. For example, implementing a procedure that does not involve direct observation of children through shower vision panels except as a last resort to ensure that children are safe and well; and implementing effective measures to reduce levels of violence across the centre to provide children with a safe and supportive environment.

The system to promote, reward and encourage children's positive behaviours has been revised and amended in response to the COVID-19 pandemic. The lowest and most punitive layer of the behaviour management system has been withdrawn, giving all children access to certain items in their room. However, staff can remove these items for up to 48 hours without any form of management oversight. This defeats the aims of the amended system.

Neither staff nor children feel that the rewards and sanctions included in this new system promote good behaviour. For example, some staff said that they felt their colleagues would undermine them by not enforcing the sanctions and so were reluctant to give

them, and the green cards which are given out for rewards are not readily available. Children said that they could do what they want without sanction and the rewards did not encourage them to behave well.

The centre has not specifically used any of the flexibilities under the Secure Training Centre (Coronavirus) (Amendment) Rules 2020. The centre's response to the COVID-19 pandemic was informed by Her Majesty's Prison and Probation Service (HMPPS) command structure. The centre's recovery and exceptional delivery model process has been implemented to ensure that it now offers a full core day for children, including education and enabling visits, though as stated earlier in this report, children are not always attending education.

Staffing levels during the COVID-19 pandemic have been sufficient to meet children's needs. Clear communication with staff and children by senior managers and leaders was evident and responsive to understandable anxieties.

Recommendations

- Immediately cease the standard practice of locking children into their bedrooms 23.5 hours a day for a 14-day period on admission to the centre. The centre's plans about operational capability and children's personalised plans must support any decisions about children's care and any restrictions, including arrangements for placing children on close observations and children being provided with meaningful social contact.
- Take decisive actions to address the recommendations made at the last inspection in February 2020:
 - Ensure that the centre is adequately staffed so that children are always properly supervised. Where children are at risk of suicide or serious self-harm, implement a procedure that does not involve direct observation of them through shower vision panels, except as a last resort to ensure that children are safe and well. A multi-agency agreement should specify the circumstances when direct observation should be undertaken as the only method available to keep a child safe.
 - Leaders and managers across the centre need to work together more effectively to quickly improve children's attendance and punctuality in education. Better support and challenge of children who refuse to attend education to maximise their learning time in the education unit are urgently required.
 - Leaders, managers and staff should implement effective measures to manage and improve children's poor and disruptive behaviours in education classrooms.
 - Improve the capabilities of frontline staff to consistently and confidently challenge children's poor behaviours, and to take immediate action when children are victimised by their peers.
 - Implement effective measures to reduce levels of violence across the centre to provide children with a safe and supportive environment.
 - Encourage and support all children to maintain reasonable standards of cleanliness and tidiness in their bedrooms.

- Improve the governance of the use of force to ensure that any potential safeguarding concerns are promptly identified and pursued.
- Ensure that all staff are aware of and have ready access to restraint-handling plans detailing children’s medical conditions, and fully understand how the use of force may impact on these conditions.
- Ensure that children are escorted to attend all their health appointments in the centre, and that their attendance to collect prescribed medicines is prompt and well supervised.
- Deliver mandatory safeguarding and child protection refresher training within scheduled timeframes to ensure that CCOs have adequate knowledge to support them in their roles.
- Review the reward and incentive scheme to ensure that it is equitable between boys and girls, and consistently applied, and that children can promptly access the rewards that they earn.
- Improve the quality of CCO observation records, including those relating to bullying, self-harm and security information, to ensure that managers have pertinent information to assess and control risks to children.
- All teaching staff should develop the necessary subject matter knowledge and teaching knowledge that enable them to deliver a high quality of education that fully engages children.
- Leaders, managers and staff should focus more on identifying children’s starting points across a wider range of development areas, in addition to English and mathematics, and monitor their progress fully.
- Resettlement case workers should ensure that they do everything possible to secure the details of children’s accommodation and licence conditions from responsible external agencies, well in advance of their release from the centre.
- All CCOs should receive regular recorded supervision and annual performance and development reviews following completion of their probation periods. These measures should actively support and challenge their direct work with children, promoting consistently high standards that increase children’s trust and confidence in them.
- Significantly increase the range of enrichment activities, particularly for girls, and ensure that all children regularly engage in and benefit from them.
- Recruit to fill the vacancies in the education unit with suitably skilled and experienced teachers.

Inspectors

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