

# SC035409

## 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 Department for Education to restrict children and young people's liberty. The children's home can accommodate up to 15 children who are aged between 10 and 17 years. It provides care for children accommodated under section 25 of the Children Act 1989 who are placed by local authorities. Admission of any child under section 25 of the Children Act 1989 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.

The manager registered with Ofsted on 30 September 2014.

**Visit dates:** 16 to 19 November 2020

**Previous inspection date:** 26 November 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 identified the following serious concerns in relation to the care or protection of children at this assurance visit:

- Managers failed to implement safeguarding and child protection procedures in response to a serious allegation from a child.
- On one occasion, the staff used physical restraint to ensure that a child complied with their request.
- When a child was placed in single separation, staff failed to conduct visual safety checks in accordance with a child's risk assessment.
- A child's risk assessment is insufficient and fails to identify specific concerns so that staff understand the action required to reduce or eliminate the risk to keep the child safe.
- Managerial monitoring and oversight are weak.

## **The care of children**

Knowledge of important issues relating to children is lacking. A senior member of staff was not aware of the ethnic heritage of a child who is subject to serious racist abuse from another child. This demonstrates limited insight and awareness of this important issue and potentially leaves children at risk of harm.

The children keep in contact with people who are important to them, despite the restrictions in place due to the COVID-19 (coronavirus) pandemic, by telephone and video calls. Some children said that they feel that this is better than meeting face to face as they feel that this puts less pressure on their families to travel long distances to see them.

The staff provide the children with stimulating activities. The home recently purchased a 'football pool' activity game, which children enjoy, and board games with staff are popular during evening routines. The children said that they enjoyed the access to the home's gymnasium. This enables them to pursue their individual health goals of losing weight and gaining fitness.

When children are required to isolate in their rooms in line with Public Health England guidance, there are effective arrangements to ensure that they can speak with the staff in private, access fresh air and use activity boxes and undertake other fun activities. This supports the children's well-being.

Children's placing social workers commented that the staff offer positive support to children transitioning from the home. Staff advocate for children with local authorities for the early identification of suitable placements. Staff escort children to their new home, if asked. The staff inform the children of the changes that they will see when they leave the home due to the COVID-19 pandemic. This includes the adaptations that the children will need to make when they are back in the community.

The education staff begin building a rapport with children during the initial assessment of their education needs. The children undertake learning activities that teachers put together based on the existing curriculum. Attendance has increased over the months of the national restrictions, and many of the children now take part in classroom education. The education curriculum focuses on developing children's literacy, numeracy and information and communication technology skills. The children learn about personal finances and they have access to art, music, design technology and catering lessons. Children's achievements in these areas are externally accredited. The children gain awards and certificates, which improves their self-esteem.

The managers have introduced personalised learning plans for each child, which reflect the child's learning needs and include academic and personal development targets. Children with complex behavioural needs have access to a highly personalised learning plan that includes the development of communication and personal skills.

An increase in staffing provides a good mix of skills and experience in a dedicated healthcare team. The healthcare team split into two 'bubbles' during the pandemic. This means that if one team needs to self-isolate, the other team can help to ensure that the health needs of the children continue to be met.

The mental health team continues to provide group therapy alongside one-to-one support to help improve the mental and emotional well-being of the children they support. Each child has a comprehensive formulation plan in place, which helps to enable a supportive and consistent approach to develop.

## **The safety of children**

Some areas of safeguarding practice are ineffective. Managers did not inform the designated officer from the local authority of an allegation of racist comments made by an external professional in the presence of a child for whom they had responsibility for their care. The staff who spoke to the child did not record all of the discussions. This limited an investigation into the concerns and placed the child involved and potentially other children at risk of harm.

Restraint practice is in breach of regulations. Records show one incident in which a child was removed by staff, using restraint techniques, to gain the child's compliance with staff requests. At the time, the child did not present a risk to themselves, other children or adults and was not at risk of causing serious damage to property. On this occasion, the use of the restraint stemmed from the home's 'three prompts'

approach as detailed in the child's behaviour management plan. The incident record was reviewed by a manager who considered the practice of the staff to be appropriate, when it is a breach of regulations.

Case records and visual checks by the staff of a child placed in single separation and of children spending time alone are insufficient. A child, considered to be at high risk of self-harm, who had been issued with ligature bedding and placed in single separation, required checks every five minutes. However, on one occasion, the child was not checked for 33 minutes. The frequency of required checks changes at night. Records do not include an assessment of when the child is asleep and therefore it cannot be determined whether staff are checking the child at the correct frequency. The managers have failed to identify the shortfalls and act to address them. The failure to undertake checks at the assessed level places children at significant risk of harm.

A child's risk assessment is insufficiently detailed. The risk assessment is generic and fails to identify specific concerns, in particular a significant threat to another child. The managers are reliant on staff acquiring the knowledge that they need from other sources. The risk assessment fails to identify the action required to reduce or eliminate the risk in order to keep children safe.

The staff respond calmly and appropriately to children when they display some very challenging behaviour. Following incidents, the children spend time with the staff reflecting on their behaviour, taking part in individual sessions and using workbooks to learn alternative strategies to manage their behaviour.

The staff are managing some difficult group dynamics. They appropriately implement plans to ensure that children are not, unnecessarily, managed away from other children, with a goal of reintegration to the group when possible.

## **Leaders and managers**

Poor management oversight and review have resulted in a failure to safeguard children effectively. Reviews of records and closed-circuit television undertaken by the management team have failed to identify significant shortfalls in practice. The registered manager was not aware of some of the concerns that were identified during this visit.

Due to the specific area restrictions during the COVID-19 pandemic, external independent visits have been undertaken virtually. This has resulted in fewer children speaking with the visitor as they have not met the visitor face to face. The management oversight of the independent visitor's reports has, on occasions, failed to identify inaccuracies in the visitor's understanding of records.

Managers have planned effectively for COVID-19. Routines have been adjusted so that children who are admitted to the home undergo a 14-day period of isolation in line with Public Health England guidance. Children and staff understand the importance of regular temperature checking, social distancing and handwashing.

The staff spoke positively about the support that they have received from the management team. This support has ensured that the staff are comfortable to raise concerns about COVID-19 and approach managers for additional support if required, and there has been minimal turnover of staff.

The staff know the children well. They have developed good relationships with the children. As a team, the staff have covered any shortfalls in staffing, and there has been minimal need for external support. This has ensured that the children receive care from a stable and consistent staff team.

Feedback from placing social workers is positive. One social worker said, 'The staff have been good. [The child] formed some really good relationships.'

The manager has met two of the four requirements made at the last inspection. The managers have not completed their planned work towards addressing the education. Funding has been agreed for an additional nurse, however the position is yet to be filled. Therefore, these recommendations are reissued.

## 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, the 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 protection of children standard is that children are protected from harm and enabled to keep themselves safe.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that staff—</p> <p>assess whether each child is at risk of harm, taking into account information in the child's relevant plans, and, if necessary, make arrangements to reduce the risk of any harm to the child;</p> <p>have the skills to identify and act upon signs that a child is at risk of harm;</p> <p>understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person;</p> <p>take effective action whenever there is a serious concern about a child's welfare;</p>	3 January 2021

<p>are familiar with, and act in accordance with, the home's child protection policies; and</p> <p>that the home's day-to-day care is arranged and delivered so as to keep each child safe and to protect each child effectively from harm.</p> <p>(Regulation 12 (1) (2)(a)(i)(iii)(v)(vi)(vii)(b))</p>	
<p>*The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children's home that—</p> <p>helps children aspire to fulfil their potential; and</p> <p>promotes their welfare.</p> <p>In particular, the standard in paragraph (1) requires the registered person to—</p> <p>use monitoring and review systems to make continuous improvements in the quality of care provided in the home.</p> <p>(Regulation 13 (1) (2)(h))</p>	3 January 2021
<p>*Restraint in relation to a child is only permitted for the purpose of preventing—</p> <p>injury to any person (including the child);</p> <p>serious damage to the property of any person (including the child); or</p> <p>a child who is accommodated in a secure children's home from absconding from the home.</p> <p>Restraint in relation to a child must be necessary and proportionate.</p> <p>(Regulation 20 (1) (2))</p>	3 January 2021

\*These requirements are subject to a compliance notice.

## Recommendations

- Ensure that the ethos of the home supports each child to learn. ('Guide to the children's homes regulations including the quality standards', page 29, paragraph 5.18)

In particular, ensure that the planned recruitment to vacancies is actioned urgently so that the school can make further improvements to the quality of provision and the children can benefit from access to the full range of vocational training options.

- Children subject to restraint procedures see a healthcare professional as soon as possible after restraint and any injuries sustained are fully documented.

(‘Healthcare standards for children and young people in secure settings’, page 30, paragraph 6.7.3)

- Children in secure settings are confident that healthcare professionals are focused on addressing their individual health and wellbeing needs, and, healthcare staff in secure settings deliver high quality services to support the physical health and wellbeing of the children in their care. (‘Healthcare standards for children and young people in secure settings’, page 12, paragraphs 1.1.2 and 1.2)

Specifically, review with NHS England the role and responsibilities for nursing provision so that they reflect the ‘Healthcare standards for children and young people in secure settings’.

## Secure children’s home details

**Unique reference number:** SC035409

**Registered provider:** Northumberland County Council

**Registered provider address:** County Hall, Morpeth, Northumberland NE61 2EF

**Responsible individual:** Karen MacDonald

**Registered manager:** Julie Tinkler

## Inspectors

Natalie Burton, Social Care Inspector

Barnaby Dowell, Social Care Inspector

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