

SC035500

Registered provider: South Gloucestershire Council

Full inspection

Inspected under the social care common inspection framework

Information about this secure children's home

This secure 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 24 children aged between 10 and 18 years.

All places available at the 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 home, to enable a local authority to place a child on welfare grounds under section 25 of the Children Act 1989. Admission of any child aged under 13 under section 25 of the Children Act 1989 requires the approval of the Secretary of State.

The commissioning of health services at 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 in July 2015.

Due to COVID-19 (coronavirus), at the request of the Secretary of State, we suspended all routine inspections of social care providers on 17 March 2020.

We last visited this home on 28 September 2020 to carry out an assurance visit. The report is published on our website.

Inspection dates: 20 and 22 April 2021

Overall experiences and progress of children and young people, taking into account	inadequate
Children's education and learning	good
Children's health	good
How well children and young people are helped and protected	inadequate

The effectiveness of leaders and managers is inadequate

There are serious failures that mean children are not protected or their welfare is not promoted or safeguarded.

Date of last inspection: 21 January 2020

Overall judgement at last inspection: declined in effectiveness

Enforcement action since last inspection: not applicable

Recent inspection history

Inspection date	Inspection type	Inspection judgement
21/01/2020	Interim	Declined in effectiveness
04/06/2019	Full	Requires improvement to be good
23/10/2018	Interim	Sustained effectiveness
10/04/2018	Full	Requires improvement to be good

Inspection judgements

Overall experiences and progress of children and young people: inadequate

Significant safeguarding concerns were identified at this inspection. These concerns include using physical intervention for compliance, hazardous items in the grounds that were accessible to children and a failure to report two safeguarding allegations. These shortfalls put the children at risk of harm. Despite some good practice, it is due to these serious concerns that the home has been judged as inadequate.

Restrictions due to the COVID-19 pandemic have delayed planned improvement works to the home. These planned works include the refurbishment of some of the children's bathrooms and the replacement of bedroom windows. Although those delays have been unavoidable, there are also some communal areas that are not welcoming or homely.

The children's views of the home are positive. They recognise that the staff help them with the behaviours that led to their placements. Children are complimentary about their care. They see the staff as caring and supportive. A child said, 'It doesn't matter what you have done, the staff don't judge you.' Another child said, 'My care mentors are great. They are there when I need them and always try to help me, especially when I am finding it hard.'

The staff are motivated and genuinely enjoy their roles. The staff have welcomed recent improvements to the model of care provided. The staff and children recognise the benefits of a trauma-informed model of care. This model of care is a work in progress and has started to enhance the children's experiences. The children say that the home is a much better place than it was.

There is a holistic approach to caring for children. Care, education and health staff work in a coordinated manner, providing individualised care. This approach meets each child's needs, reduces unhelpful behaviour and minimises risks. Children's plans are reviewed by the relevant staff at sentence-review meetings. These meetings include detailed discussions that place the needs and best interests of the child at the heart of the conversation.

A great deal of importance is placed on ensuring that children can contribute to and understand their plans. A speech and language worker ensures that the information in children's plans is presented in a way that they can understand.

Planning for children's resettlement is a strong area of practice. The planning starts at the point of admission and continues throughout each child's placement. This ensures that the relevant external professionals are aware of their obligations to support children as they move. Children benefit from the offer of outreach support when they leave the home. This support has been used to help children to settle and adapt to life in the community. Appropriate levels of challenge have been made

by the manager when the expectations of support are not being met, including helping children to make use of the available advocacy services.

The Lodge provides a good environment to enable children to develop life skills. Although limited by the COVID-19 pandemic restrictions, a programme of visits outside the home prepares the children for their return to the community.

The children access and engage in a wide range of recreational activities. These include cooking, tennis, arts and crafts, using a climbing wall and cycle maintenance. These activities support children's interests and develop their practical life skills.

Children's education and learning: good

Throughout the COVID-19 pandemic, education staff, care managers and staff have worked hard to maintain a full education curriculum offer. This has ensured that there has been minimum disruption to children's opportunities for learning.

The new education manager has led the restructure and development of the education team. This development incorporates a clear focus on improving the quality of education that the children access. The education manager has maintained a strong focus on addressing the significant weaknesses identified in education at the previous inspection and is beginning to review the effectiveness of the education curriculum.

The education curriculum is extensive. All the children access core subjects, including English, mathematics and science. They also access a wide variety of learning opportunities in subjects such as art, cookery and contemporary studies and a range of vocational areas.

Managers have conducted the first curriculum review since the new education manager was appointed. Staff have contributed well with their views and expertise as to whether the curriculum contributes effectively towards improving the employability related skills of young people. However, leaders and managers must now ensure that they focus sufficiently on checking that the education curriculum meets the complex needs and interests of children and their career goals.

The children's knowledge and skills in English and mathematics are well identified by teachers. This information is used to ensure that the children access learning at the appropriate level. The children make good progress and achieve well in these subjects.

Extensive training has been provided to increase confidence when dealing with behaviour that challenges the teaching staff in class. The children's behaviour in class has improved and lessons are delivered in calm environments. Due to the necessity to maintain social distance, the children are taught in groups of two. The children enjoy learning in smaller groups. They engage well with tasks and interact with their peers and teachers respectfully.

Children with additional learning needs benefit from specialist support at the home. The staff invest time in getting to know individual children's learning needs and understanding their disabilities. In the last year, the special educational needs coordinator has increased teachers' skills and care staff's knowledge of children's additional learning needs.

The quality of the written feedback that the children receive from their teachers in most instances is of high quality. Teachers assess the children's work regularly and provide them with helpful examples to clarify concepts or further embed information. The children appreciate the different ways in which teachers explain things to them and how they help and encourage them to repeat tasks until they have mastered a skill. In a very few instances, the quality of marking and written feedback is not sufficiently thorough to correct errors.

Teachers comprehensively assess the children's starting points across a wide range of behaviours and attitudes. They monitor the children's progress regularly, with a particular focus on measuring their attendance and engagement in education. However, they do not evaluate the progress that individual children make in these areas over time.

The children attend education well and complete a significant number of short units and other full qualifications in a very short period. However, managers have only recently started to capture the knowledge and skills that children have on each subject that they study, to determine whether they know more and can do more at the end of their learning programmes.

Children's health: good

The collective expertise and experience of a multidisciplinary health and well-being team improves children's physical, mental and emotional well-being. The team works hard to engage with children and give them a positive experience of working with healthcare professionals. The children speak favourably about the healthcare that they receive.

A well-led, flexible and proactive service helps to ensure that the children make good progress. A consistent holistic approach, supported by a multidisciplinary weekly clinical meeting, helps to ensure that the children's needs are met and results in the achievement of positive health outcomes.

The Comprehensive Health Assessment Tool process is carried out in the recommended time frames and is competently used to identify children's needs and inform their ongoing care. The children are encouraged and supported to have age-appropriate immunisations. External health professionals, including an optician and a dentist, are not currently attending the home. However, external secondary health appointments have been facilitated as required.

The 'Secure Stairs' framework for integrated care has been incorporated into practice. A coordinated centre-wide approach creates a therapeutic environment. This approach supports the children to feel safe and improve their emotional health and self-esteem. A weekly reflective practice session and supervision for the intervention workers enable a supportive, consistent approach.

The speech and language therapist has helped to improve communication between the staff and the children across the whole environment. The occupational therapist has helped the children to complete vocational work and focus on achieving a meaningful occupation when they leave. The substance misuse worker engages well with the children. This helps to educate and inform children about the dangers of alcohol and substance misuse. A bespoke three-tier system has been developed to aid working with each child, dependent on their needs. This system includes achievable, agreed goals and relapse-prevention work.

Each child is involved in their formulation plan as much or as little as they wish. Ample opportunity is given to each child to ensure that they are aware of what has been written about them, have their voice heard, correct anything that they are not happy with and have their support wishes respected. Each review is written to the child, outlining the things that are important to them, their progress and their next steps.

The psychology-led multidisciplinary formulation is commendable and includes community teams, such as the youth offending team and social workers, to ensure the best outcome for the child. Social workers say that this helps the child following discharge from the home.

The children's transitions are well planned from the onset. The team has good links with community teams to help ensure that successful placements follow discharge. This provides each child with the best possible chance of success in their future.

All health staff have received regular managerial and clinical supervision. The health staff have good access to training to aid personal development and are up to date with the organisation's mandatory training.

How well children and young people are helped and protected: inadequate

Dangerous items had accumulated over time in the forest area and outside the cycle maintenance workshop. These items were accessible to children and included scaffolding poles and pieces of wood and metal. These could be used as weapons and therefore pose a significant risk to the children and the staff. Although these items were removed during the visit, it is of serious concern that this risk was not identified by the home's staff or managers.

On two occasions, concerns raised by children regarding staff practice had been acted on. The manager had been alerted to these concerns, but had failed to notify Ofsted.

The staff have implemented a behaviour management strategy following advice from the home's psychologist. The staff and the managers responsible for monitoring physical interventions failed to consider that this strategy resulted in using a restraint to gain compliance. On another occasion, the threshold for the use of physical restraint was not justified. Despite this, there has been a reduction in the use of physical restraints. The monitoring of the physical restraint records and closed-circuit television is used to identify learning and good practice. This is discussed with the staff involved and disseminated to the whole team.

The children's behaviour has improved. However, the staff use sanctions that do not link meaningfully to the incident and therefore do not support restorative practice.

On one occasion, a child was subject to single separation as a means to manage a concern that the child may have glass. The single-separation record failed to clearly identify the rationale for this approach over a 24-hour period.

The effectiveness of leaders and managers: inadequate

The manager's monitoring and oversight have failed to identify the serious shortfalls found at the inspection. There are times when the children are not safeguarded and are at risk.

The manager has not ensured that Ofsted has been notified of all significant events that have occurred at the home. This fails to ensure that Ofsted has a current overview of the home.

The manager is qualified and experienced. Improvements have been made since the last inspection. The manager and the heads of health and education now work effectively together. Collectively, this senior management team has made positive changes to the quality of care. The manager has high aspirations for the children and has made significant changes to the ethos of the home.

The children receive care from a motivated and stable staff team. The staff receive reflective, regular supervision. This provides support that counteracts the emotional impact of their work. Feedback from the staff is positive regarding the supportive management team and the recent improvements made. Staff's confidence has increased. The number of incidents have decreased, and higher staff ratios have enhanced the relationships between the children and the staff.

The management team has enabled the staff to continue to access training during the COVID-19 pandemic. Training in managing the children's behaviour has supported positive changes. The core staff, with the exception of one staff member who was delayed because of the pandemic, have achieved, or are working towards, a relevant level 3 qualification. However, the bank and casual staff are not enrolled on this qualification. This does not ensure that all staff who work with children are suitably qualified.

The managerial monitoring includes reflecting on practice and discussing learning that is meaningful for the individual staff and the staff team. Managers seek feedback and use this to inform practice.

The manager has a clear understanding of the children's progress, using their plans to inform discussions at senior leadership team meetings. The senior leadership team meetings identify practice areas to improve and generate actions. During the restrictions due to the COVID-19 pandemic, changes to staffing, telephone calls and communication systems were implemented. The benefits of these changes have been recognised and will continue.

The children's records are meaningful. They reflect the work that is undertaken with each child. Records guide the staff to support the children and provide consistent care. The children contribute to their plans.

The head of education has met the four recommendations made at the last inspection. A recommendation regarding training by the independent staff who take part in the review and scrutiny of restraints is unmet. This will be restated and reviewed at the next inspection.

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 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 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; and</p> <p>that the premises used for the purposes of the home are designed, furnished and maintained so as to protect each child from avoidable hazards to the child’s health. (Regulation 12 (1) (2)(b)(d))</p>	4 June 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).</p> <p>Restraint in relation to a child must be necessary and proportionate. (Regulation 20 (1)(a)(b) (2))</p>	4 June 2021
<p>The registered person may only—</p> <p>employ an individual to work at the children’s home</p> <p>if the individual satisfies the requirements in paragraph (3).</p> <p>The requirements are that—</p> <p>the individual has the appropriate experience, qualification and skills for the work that the individual is to perform.</p>	30 July 2021

<p>For the purposes of paragraph (3)(b), an individual who works in the home in a care role has the appropriate qualification if, by the relevant date, the individual has attained—</p> <p>the Level 3 Diploma for Residential Childcare (England) ('the Level 3 Diploma'); or</p> <p>a qualification which the registered person considers to be equivalent to the Level 3 Diploma.</p> <p>The relevant date is—</p> <p>in the case of an individual who starts working in a care role in a home after 1st April 2014, the date which falls 2 years after the date on which the individual started working in a care role in a home; or</p> <p>in the case of an individual who was working in a care role in a home on 1st April 2014, 1st April 2016.</p> <p>The registered person may defer the relevant date if the individual—</p> <p>does not work, or has not worked, in a care role in a home for a prolonged period; or</p> <p>works, or has worked, in a care role in a home on a part-time basis. (Regulation 32 (2)(a) (3)(b) (4)(a)(b) (5)(a)(b) (6)(a)(b))</p> <p>In particular, ensure that bank and casual staff are enrolled on the level 3 diploma.</p>	
<p>The registered person must notify HMCI and each other relevant person without delay if—</p> <p>there is an allegation of abuse against the home or a person working there;</p> <p>there is any other incident relating to a child which the registered person considers to be serious. (Regulation 40 (4)(c)(e))</p>	14 May 2021

* These requirements are subject to a compliance notice.

Recommendations

- The registered person should ensure that the children's communal living environment is homely and welcoming. ('Guide to the children's homes regulations including the quality standards', page 15, paragraph 3.9)
- The registered person should ensure that the ethos of the home supports each child to learn. Leaders and managers must measure and analyse children's behaviours and attitudes over time to ascertain whether individual children improve in these areas and adapt the curriculum accordingly. ('Guide to the children's homes regulations including the quality standards', page 29, paragraph 5.18)
- The registered person should ensure that the ethos of the home supports each child to learn. Leaders and managers should continue to develop their recent work towards measuring children's existing knowledge in specific subjects. Managers must identify whether children know more and can do more than when they started their course. ('Guide to the children's homes regulations including the quality standards', page 29, paragraph 5.18)
- The registered person should ensure that the independent staff who take part in the review and scrutiny of physical restraint receive training in physical restraint. ('Guide to the children's homes regulations including the quality standards', page 46, paragraph 9.36)
- The registered person should ensure that any sanctions used to address behaviour are restorative in nature. ('Guide to the children's homes regulations including the quality standards', page 46, paragraph 9.38)
- The registered person should ensure that all records of single separation clearly record the reason for the single separation continuing. ('Guide to the children's homes regulations including the quality standards', page 50, paragraph 9.65)

Information about this inspection

Inspectors have looked closely at the experiences and progress of children and young people, using the 'Social care common inspection framework'. This inspection was carried out under the Care Standards Act 2000 to assess the effectiveness of the service, how it meets the core functions of the service as set out in legislation, and to consider how well it complies with the Children's Homes (England) Regulations 2015 and the 'Guide to the children's homes regulations including the quality standards'.

For inspections of secure children's homes, Ofsted is assisted by an inspector from the Care Quality Commission in Ofsted's evaluation of health services provided for children (authorised by HMCI under section 31 of the Care Standards Act 2000).

Secure children's home details

Unique reference number: SC035500

Provision sub-type: Secure Unit

Registered provider: South Gloucestershire Children, Adults and Health

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Registered manager: Alison Sykes

Inspectors

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