

1229534

Registered provider: Halliwell Homes

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is privately owned and run. It is registered to provide care for up to eight children who may have emotional and/or behavioural difficulties.

The manager was registered by Ofsted in November 2020.

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 setting on 21 December 2020 to carry out an assurance visit. The report is published on the Ofsted website.

Inspection dates: 13 to 14 April 2021

Overall experiences and progress of children and young people, taking into account **requires improvement to be good**

How well children and young people are helped and protected **requires improvement to be good**

The effectiveness of leaders and managers **requires improvement to be good**

The children's home is not yet delivering good help and care for children and young people. However, there are no serious or widespread failures that result in their welfare not being safeguarded or promoted.

Date of last inspection: 6 August 2019

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
06/08/2019	Full	Good
30/10/2018	Full	Good
03/07/2018	Full	Inadequate
25/10/2017	Full	Requires improvement to be good

Inspection judgements

Overall experiences and progress of children and young people: requires improvement to be good

One child's health has been affected by a significant weight gain. There are no agreed plans in place to support the child to lead a healthy lifestyle and promote a balanced diet. Equally, there has been no medical advice sought to rule out any underlying health issues for the child.

Child-focused care plans give insight into children's views and hopes for their future. However, some children do not have their placing authority's placement or care plan on file and the manager has not further escalated her requests for the plans. In addition, not all the home's placement plans for children reflect the objectives agreed with the children's social worker in respect to future care plan arrangements.

Children told the inspectors that they are happy living at the home and feel cared for by the staff team. Children have improved their relationships with staff, and because of this, children can talk openly to staff about how they are feeling. Social workers spoke positively about children's placements and the progress they have made since living at the home. A social worker said, 'The team has remained committed to [name]. [Name] is in the right placement to get him where he needs to be.'

Children's wishes and feelings are considered in relation to their day-to-day care. Children being involved in their care planning is a strength of the staff team and, because of this, all children say they feel listened to.

School attendance for all children is consistently high and children enjoy their education. Children are encouraged to spend regular time with their families. Adjustments have been made where necessary to help maintain family contact during the COVID-19 pandemic. A child's parent said, 'The staff go above and beyond to ensure family contact is in place.'

Overall, children's transitions to foster care or back to their families are positive and well planned. When children's placements are due to come to an end, there are clear objectives that the staff team and placing authorities are collectively working towards to ensure that children have smooth transitions to their new homes.

Children's bedrooms are personalised to their preferences. Photos are displayed around the home that reflect the fun times that children and staff have shared together. The bathrooms have not yet been refurbished to make them homely. However, plans are scheduled for this to take place in late spring. Therefore, this remains a recommendation from the last visit.

How well children and young people are helped and protected: requires improvement to be good

On two separate occasions, children have been restrained using measures that are not agreed in their care plans. This has included a restraint when a child was held on the floor.

There have been several incidents when children have been injured because staff have been unable to manage other children's escalating behaviour, resulting in serious altercations. On one occasion, a child had to go to hospital to be assessed after a stool was thrown in their face. Children need further support to ensure that they develop and maintain positive relationships with each other.

There have been a high number of allegations made by children. The management of allegations by senior managers is suitable and all appropriate agencies are notified. That said, on one occasion a child did not receive medical attention when they alleged that they had been harmed by a member of staff. The manager consulted with the child's social worker, but no further action was taken to have the child medically assessed.

Children say they feel safe living at the home. They engage in regular workshops to educate them in how to keep themselves safe, such as building positive relationships, safe internet use, bullying and road safety. As a result of this work, children have reduced some risk-taking behaviour.

Children know how to make a complaint and action is always taken to resolve their concerns. The registered manager responds to complaints suitably and ensures that children are given an opportunity to talk about the outcome of their complaint.

Children's risk assessments are comprehensive and provide staff with clear strategies to support children to keep themselves safe. Matching risk assessments completed prior to children's admission to the home demonstrate that careful consideration has been given to the impact of a child moving into the home on the other children already in placement.

The effectiveness of leaders and managers: requires improvement to be good

The manager's oversight of restraint documentation is not robust. The manager has failed to identify where restraint measures used are not as agreed in children's care plans. In addition to this, the manager has not addressed that restraint records are incomplete, with no details of the time, duration and description of the hold used.

All staff spoken to reported that there are not enough staff on shift to meet the needs of the children, specifically when children are unsettled and require two staff members to support them. In addition to this, some incidents have required additional staff to be called in to support children or help to manage children's

escalating behaviour. The manager should ensure there are sufficient staff on duty to meet children's needs.

Staff say communication levels and the consistency of staff practice has improved due to changes in communication systems. However, shift planners are not used effectively. The manager should ensure that staff complete the planners daily, which would help to improve communication further.

The registered manager promotes a nurturing environment and has high aspirations for the children. She advocates well on behalf of the children to ensure that their needs are met. Staff told the inspectors that there has been a positive shift in the home's ethos. The home is a more enjoyable environment for children since the manager has been in her role.

Senior managers support the registered manager to ensure that the staff team is working effectively together to provide consistent care for the children. Team meetings take place regularly to guide the staff and keep them up to date on any changes to children's plans or risk assessments.

Staff say they feel supported by the management team and receive regular practice-related supervision. New staff are provided with appropriate guidance throughout their probationary period. Most staff have received up-to-date training and the manager ensures that staff are provided with training specific to children's individual needs.

To ensure the review of quality of care report is robust, the head of therapeutic parenting completes monthly quality assurance reports, which includes gathering feedback from staff, social workers, families and children. The registered manager also uses staff questionnaires, and individual and group consultations with the children to seek feedback about the operation of the home or any concerns they may have.

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 health and well-being standard is that—</p> <p>the health and well-being needs of children are met;</p> <p>children receive advice, services and support in relation to their health and well-being; and</p> <p>children are helped to lead healthy lifestyles. (Regulation 10 (1)(a)(b)(c))</p>	<p>26 May 2021</p>
<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>have the skills to identify and act upon signs that a child is at risk of harm;</p> <p>manage relationships between children to prevent them from harming each other;</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. (Regulation 12 (1) (2)(a)(iii)(iv)(v)(vi))</p> <p>Specifically, if a child discloses that they have been injured as a result of staff practice or use of restraint, the registered manager should ensure that a medical assessment for the child is sought immediately. Staff should only use restraint measures that are specifically agreed in children’s care plans.</p>	<p>26 May 2021</p>

<p>Children should be provided with further support to ensure that they develop and maintain positive relationships with their peers to reduce the frequency and severity of incidents when children harm each other.</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>ensure that the home has sufficient staff to provide care for each child;</p> <p>understand the impact that the quality of care provided in the home is having on the progress and experiences of each child and use this understanding to inform the development of the quality of care provided in the home;</p> <p>use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(a)(b) (2)(d)(f)(h))</p> <p>Specifically, the registered manager should ensure that there are enough staff on duty to manage and meet the needs of all children.</p> <p>The registered manager should ensure that in their monitoring of restraint records, they identify any inappropriate measures used by staff and take suitable action to address their concerns.</p> <p>The registered manager should ensure that they closely monitor children’s health needs and agree clear plans with the staff team and child’s social worker to support children to maintain healthy lifestyles.</p>	<p>26 May 2021</p>
<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>26 May 2021</p>

<p>the date, time and location of the use of the measure;</p> <p>a description of the measure and its duration. (Regulation 35 (3)(a)(iii)(iv))</p>	
<p>The registered person must maintain records (“case records”) for each child which—</p> <p>include the information and documents listed in Schedule 3 in relation to each child; and</p> <p>are kept up to date. (Regulation 36 (1)(a)(b))</p> <p>Specifically, that each child has their placing authority placement plan and care plan on file. The manager should further escalate their requests for the documentation when it is not provided within suitable timescales.</p> <p>The home’s placement plan should reflect the placing authority’s agreed objectives of the child’s placement and future care plan arrangements.</p>	<p>26 May 2021</p>

Recommendation

- The registered person should ensure that the children’s home is a nurturing and supportive environment that meets the needs of their children. Bathrooms used by children should be homely and the decor in keeping with the high standard of the rest of the home. (‘Guide to the children’s homes regulations including the quality standards’, page 15, paragraph 3.9)

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’.

Children's home details

Unique reference number: 1229534

Provision sub-type: Children's home

Registered provider: Halliwell Homes

Registered provider address: The Curtis Partnership, 1 Tape Street, Cheadle, Stoke-on-Trent ST10 1BB

Responsible individual: Paul Bliss

Registered manager: Jemma Craven

Inspectors

Cheryl Field, Social Care Inspector
Charlie Bamber, Social Care Inspector

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