

SC062406

Registered provider: Horizon Care Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home forms part of a large social care company. The home can accommodate up to three children. It provides therapeutic care for children who may have experienced neglect, abuse or trauma.

The home has been without a registered manager since 8 November 2019. The manager post remains vacant.

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 14 January 2021 to carry out a monitoring visit. The report is published on the Ofsted website.

Inspection dates: 30 June to 1 July 2021

Overall experiences and progress of children and young people, taking into account **inadequate**

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

The effectiveness of leaders and managers **inadequate**

There are serious and widespread failures that mean children are not protected or their welfare is not promoted or safeguarded, and the care and experiences of children are poor, and they are not making progress.

Date of last inspection: 19 February 2020

Overall judgement at last inspection: Good

Enforcement action since last inspection: none

Recent inspection history

| Inspection date | Inspection type | Inspection judgement |
|------------------------|------------------------|-----------------------------|
| 19/02/2020 | Full | Good |
| 21/11/2018 | Full | Outstanding |
| 12/02/2018 | Interim | Sustained effectiveness |
| 09/10/2017 | Full | Good |

Inspection judgements

Overall experiences and progress of children and young people: inadequate

Leadership and management and safeguarding arrangements in the home are inadequate, and this has had a negative impact on the overall experiences and progress of children living in the home. Since the last inspection one child has moved out of the home. Two children are currently living in the home.

Managers have not ensured that thorough and considered matching happens when placing new children in the home. For example, one child moved into the home, despite there being insufficient staff with appropriate skills, knowledge and experience to meet the child's needs. As a result, the child did not receive the care they needed from a sufficiently trained and skilled team.

Children do not have positive endings when they leave the home. When endings are unplanned, consideration is not given to children's welfare or the negative impact such unplanned endings can have on individual children. One child's placement was terminated in an unplanned way with immediate effect. This practice does not promote children's well-being.

Children's placement plans do not contain up-to-date information relating to children's specific and individual care needs. For example, the plans do not provide suitable information in relation to children's behavioural needs. This means staff are not provided with guidance to ensure they provide care that meets children's needs.

Staff conduct within the home has had a detrimental effect on a child's planned return to her parents' care. Inappropriate comments made by staff caused a child's behaviour to deteriorate, which in turn had a detrimental impact on her transitional plan of being reunited with her family. This does not promote children's welfare.

Staff do not always meet the health needs of children. Staff failed to follow guidelines given by a health professional for a child, which resulted in inappropriate care being provided. In addition, another child has not attended a dental appointment for over twelve months. This does not support children in meeting their health needs.

During the inspection, the inspector observed a relaxed atmosphere between one child and staff. One child told the inspector that he enjoyed his time with staff especially when they went on bicycle rides. Activities like this help most children to develop positive relationships with the adults who care for them.

Since the last inspection, the home has been redecorated to a high standard. The soft furnishings create a warm and homely feel. Children's rooms are personalised to their taste and are kept clean and tidy. This helps children to feel valued and want to invest in their home.

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

Safeguarding arrangements in the home are inadequate. Risk assessments do not reflect children's known risks, are inaccurate and are not routinely updated. For example, one child is subject to a deprivation of liberty order (DLO), which has specific requirements in place in order to keep the child safe. However, this is not recorded in the child's risk assessment, despite the order being in place for over six months. This means that strategies to manage risks to children are not available to staff, which could leave children at risk of harm.

Staff do not always help each child to understand how to keep safe. For example, staff have not acted to address children's risk-taking behaviours, such as bullying. There is evidence of bullying in the home, however, this is not recorded within the children's risk assessments or on incident records. Direct sessions with children are minimal and do not help children to understand their behaviours, support children to keep themselves safe or encourage positive relationships with their peers.

Staff do not have the skills, experience or knowledge to manage children's behaviours. This means staff are not always able to de-escalate difficult or challenging behaviours or situations. A child's placement ended prematurely following a serious incident that resulted in the police being called to manage the child's behaviour. This was unsettling for the child and has compromised their emotional well-being.

Children's behaviour support plans lack detail and do not support staff to meet children's needs. They are not reviewed or updated on a regular basis. For example, one child's plan had not been updated since February 2021 despite there being a number of changes in the child's behaviour. This contributes to a disorganised and chaotic approach to keeping children safe.

Staff recordings of significant incidents are poor, including actions taken in respect of when children display self-harming behaviours. There are gaps in key information such as the descriptions of events and timelines of incidents. Management oversight and monitoring of these significant events are poor. Because of this, managers and staff have a limited understanding of children's patterns and trends.

Ofsted are notified of significant events and incidents that occur in the home. However, during the inspection, the inspector identified that information previously provided in a notification was not an accurate reflection of the severity of the incident. This shortfall meant that Ofsted were not able to monitor the incident effectively.

The effectiveness of leaders and managers: inadequate

Leadership and management of the home are inadequate. There has been no registered manager in post at the home since November 2019. The lack of a

permanent manager has affected the quality of care provided to children. For example, children have not been provided with a safe and nurturing home environment where their needs are met. The responsible individual has identified steps for improvement, but these have not yet been implemented.

The core staff team has been reduced in size following several staff practice issues. Therefore, on occasions, the home has not had enough staff to meet children's needs and provide safe care for children. For example, during the inspection, the inspector identified that on three occasions two members of staff were not trained to manage the risks associated with children's behaviour.

Leaders and managers have not ensured that staff receive adequate training, guidance or support to meet the children's needs. For example, staff had not received ligature training before one child moved into the home, despite managers being aware that the child had significant risk of self-harming behaviours. In addition, managers had failed to consider the location of the home against the child's risks, and had not implemented a safety plan to reduce the risk. This left a child at risk of harm.

Staff do not receive regular supervision. Supervision records lack detail. When supervision does take place, it is not beneficial or productive. Supervision does not support staff to develop their skills or knowledge. This creates a missed opportunity to formalise and review staff development and exposes children to further risk, when poor practice from staff is not challenged.

Managers fail to oversee incidents and records comprehensively. During the inspection, inspectors found several examples of records with missing details, which were unchallenged by managers. This means that staff are not challenged when their approach falls short of good practice.

Leaders and managers have failed to implement effective monitoring systems. Managers fail to submit monthly audits on time and some audits are not submitted at all. As a result, managers do not have the necessary oversight to understand or continually improve the quality of care that children receive.

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 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.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that staff help each child to—</p> <p>achieve the health and well-being outcomes that are recorded in the child’s relevant plans;</p> <p>take part in activities, and attend any appointments, for the purpose of meeting the child’s health and well-being needs; and</p> <p>that each child has access to such dental, medical, nursing, psychiatric and psychological advice, treatment, and other services as the child may require. (Regulation 10 (1)(a)(b) (2)(a)(i)(iii)(c))</p> <p>This relates to staff supporting children’s health needs to ensure that they achieve their potential.</p> | <p>2 August 2021</p> |
| <p>The positive relationships standard is that children are helped to develop, and to benefit from, relationships based on—</p> <p>mutual respect and trust.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that staff—</p> <p>meet each child’s behavioural and emotional needs, as set out in the child’s relevant plans.</p> | <p>2 August 2021</p> |

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| <p>understand and communicate to children that bullying is unacceptable; and</p> <p>have the skills to recognise incidents or indications of bullying and how to deal with them. (Regulation 11 (1)(a) (2)(a)(i)(xii)(xiii))</p> <p>This specifically relates to the need for staff to provide children with effective support to help them understand the impact of bullying on their peers.</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>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>help each child to understand how to keep safe;</p> <p>have the skills to identify and act upon signs that a child is at risk of harm. (Regulation 12 (1) (2)(a)(i)(ii)(iii))</p> <p>This specifically relates to the need for managers to ensure that children’s risk assessments are up to date and reflect all known risks.</p> | <p>2 August 2021</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 staff have the experience, qualifications and skills to meet the needs of each child;</p> | <p>2 August 2021</p> |

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| <p>ensure that the home has sufficient staff to provide care for each child;</p> <p>ensure that the home’s workforce provides continuity of care to 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)(c)(d)(e)(f)(h))</p> <p>This specifically relates to the need for staff to provide children with consistent care and make the necessary improvements to their practice as identified by the manager.</p> | |
| <p>* The care planning standard is that is that children—</p> <p>receive positively planned care in or through the children’s home; and</p> <p>have a positive experience of arriving at or moving on from the home.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that children are admitted to the home only if their needs are within the range of needs of children for whom it is intended that the home is to provide care and accommodation, as set out in the home’s statement of purpose;</p> <p>that arrangements are in place to—</p> <p>manage and review the placement of each child in the home; and</p> <p>plan for, and help, each child to prepare to leave the home or to move into adult care in a way that is consistent with arrangements agreed with the child’s placing authority;</p> <p>that each child’s relevant plans are followed. (Regulation 14 (1)(a)(b) (2)(a)(b)(ii)(iii)(c))</p> <p>This relates to managers ensuring that the home’s matching process and impact risk assessments are reviewed. In addition,</p> | <p>2 August 2021</p> |

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| <p>to ensuring staff read and understand and follow children’s care plans.</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; (Regulation 40 (4)(c))</p> <p>This specifically relates to the manager providing Ofsted with accurate information regarding serious incidents</p> | <p>2 August 2021</p> |

* These requirements are subject to a compliance notice.

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: SC062406

Provision sub-type: Children's home

Registered provider: Horizon Care Limited

Registered provider address: Venture House, 12 Prospect Business Park,
Longford Road, CANNOCK, Staffordshire WS11 0LG

Responsible individual: Agata Dokszevicz

Registered manager: Post vacant

Inspector

Lydia Isaac, Social Care Inspector

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