

SC038719

Registered provider: Hampshire County Council

Full inspection

Inspected under the social care common inspection framework

Information about this secure children's home

This secure children's home is managed by a local authority. It is approved by the Department for Education to restrict children's liberty. The children's home can accommodate up to 16 children, who are aged between 10 and 17 years.

There were seven children living in the home at the time of this inspection.

The secure children's home provides accommodation for children placed by local authorities under section 25 of the Children Act 1989.

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.

The manager has been registered with Ofsted since April 2021.

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

Inspection dates: 6 to 8 July 2021

Overall experiences and progress of children and young people , taking into account	requires improvement to be good
Children's education and learning	requires improvement to be good
Children's health	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 secure 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: 22 October 2019

Overall judgement at last inspection: Improved effectiveness

Enforcement action since last inspection: None

Recent inspection history

Inspection date	Inspection type	Inspection judgement
22/10/2019	Interim	Improved effectiveness
14/05/2019	Full	Requires improvement to be good
26/02/2019	Interim	Sustained effectiveness
13/11/2018	Full	Requires improvement to be good

Inspection judgements

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

The COVID-19 pandemic has had a negative impact on the care provided to children in this home. This is due to high levels of staff sickness and high numbers of agency staff working in the home. This has made it harder for children to build trusting relationships with staff and to experience consistency in the care provided to them. Sickness has also had an impact on management capacity and, in particular, the management oversight of care practice. Managers have strived to mitigate the impact of this by limiting admissions in recent months.

Children do not experience positive and structured routines. Education attendance is poor and children complain of limited activities outside of those provided in education. Children are frustrated by lengthy delays in repairing items such as the karaoke machine and badminton rackets. Two children said that they are bored at times and that they felt that this contributed to an increase in poor behaviours.

Information provided to children about the home in a children's guide is not in plain English and not designed to meet children's differing needs. This means that is not accessible to children with a range of abilities.

The grounds of the home, including the admission area, contained avoidable hazards, including pieces of masonry and metal wire that were easily accessible to children. These hazards were removed. Although children are never left unsupervised, this created the potential for accidents and these items should not be accessible, particularly for children who are at risk of self-harm.

Children unanimously said that they feel that the quality and choice of food is poor. The menu does not reflect the diverse cultural heritage of children. One child commented, 'The food does not have enough love.'

Children spoke of a positive induction into the home. Staff work hard to minimise the impact for children having an isolation period on arrival due to COVID-19 guidance. The impact is minimised by staff spending dedicated one-to-one time with children and developing close, nurturing relationships. This helps them into settle into the home.

Staff support children effectively to understand their history and what brought them to this point in their lives. They do this through creative means such as using artwork and supporting children to write poetry to express themselves. One child was able to help staff understand his experiences through a poem that he had written. He is proud of his poem and appreciates the opportunity to express himself in this way.

Children acknowledge the help and guidance that they receive from staff. They described how their key-work sessions help them to think through and reflect on things that have not gone well. A child commented on how they are now able to make better and safer choices, when previously they would get into trouble.

Children understand and know how to use the complaints procedure. They receive a prompt response to all complaints. Outcomes and any actions taken to address their concerns are clearly recorded. As a result, children feel listened to and report that their worries and concerns are taken seriously. Children have access to independent advocates to support them when needed. Children contribute to peer meetings. They have the opportunity to share their views about their care and the running of the home, and they feel valued as a result.

Children enjoy seeing their families. Staff are thoughtful in the way they help children to make the most of family visits. They liaise effectively with allocated social workers to address any concerns following visits from family.

Staff work effectively to ensure that children move on from the home in a planned way and have the support that they need to resettle back into the community. For example, staff were resilient and stuck by one child in challenging circumstances to ensure that she had a suitable placement to move on to. This child maintained contact with staff after she left. This demonstrates that the relationships she formed while living in the home are important to her.

Children's education and learning: requires improvement to be good

Managers have not made enough progress in addressing all the recommendations from the previous full inspection in May 2019. Too many children do not attend education regularly. Staff across the home do not do enough to reinforce consistently the expectation that children should participate in education.

Staff provide a limited alternative curriculum for those who are unable to attend. Schoolwork is made available for these children, but their engagement and completion of set work varies considerably. As a result, some children are not making sufficient progress. Children that do attend education regularly make progress. They are respectful of staff and their peers and treat their learning environment with care and respect.

The curriculum provides children with only a narrow range of subjects and opportunities to achieve accredited qualifications in English, mathematics, physical education, food technology and hairdressing. Since the previous inspection, children's access to information and communications technology (ICT) and online learning resources has improved but they still cannot work towards qualifications in ICT.

Leaders have purposeful plans in place to broaden the curriculum to make it better suited to the needs of older children. Plans include extending the range of subjects that children can follow, particularly in vocational subjects. However, at the time of

the inspection, these plans had not been implemented and managers were not able to provide children currently at the home with a broad and ambitious curriculum that meets their needs.

Teachers assess children's starting points and learning support needs effectively when they arrive at the home. They use this information to plan a core curriculum of English and mathematics that is at the right level for the children who attend.

For those children who attend education regularly, teachers assess thoroughly the progress they make in developing subject knowledge and appropriate behaviours and attitudes. They use the results of their assessments to plan further learning which is both challenging and at an appropriate level to enable children to make further sustained progress.

Staff provide an alternative curriculum for children who refuse to or are unable to attend formal education due to individual needs. They send work to children's residential units but the extent to which children engage and complete the work varies considerably. This means that these children's progress is limited.

Education staff use their strong links within Hampshire Council and partner organisations to access specialist staff who visit the home to deliver theatre and drama and a range of outdoor enrichment activities.

The children who do attend education behave well and treat their learning environments with care and respect. They are respectful of staff and their peers. Classrooms, the gymnasium, the fitness suite and the currently unused vocational learning areas are well maintained. They are decorated with displays of the children's work.

Children access independent, impartial careers advice and guidance that helps them to make informed and realistic decisions about their next steps. The education manager has successfully secured increased staffing resources from September 2021 and has plans to provide a careers education programme for children in addition to providing individual guidance.

Children's health: requires improvement to be good

Low staffing numbers in the health team, which causes gaps in some key roles, has delayed the implementation of Secure Stairs (an integrated care framework that addresses the needs of children and young people in the secure estate).

There is currently no primary care support available. Other members of the well-being team, without a physical health background, ensure children have access to an appropriate range of services. Where consent is given, age-appropriate immunisations and vaccines are administered to children. COVID-19 has had an impact on visiting health professionals. This has led to increased waiting times for children to access routine dental treatment. However, external secondary health

appointments have been facilitated when required. This means children's physical health needs are being identified and met.

There is currently no dedicated substance misuse worker in post and, as a result, only the basic support is being made available for children who need this service. Established plans are in place to develop this service and ensure that going forward children's needs can be fully met.

Each child has a multi-disciplinary team formulation plan. However, children are not routinely involved in their healthcare planning and are provided with limited opportunities to express their views or to explain what is important to them and why.

The Children's Health Assessment Tool (CHAT) process is carried out in a timely manner and used to inform children's care. However, due to the vacancies in key roles, there is a risk that this may not be the case should a child be admitted to the home.

Children are treated with dignity and respect. Staff are very flexible in their approach and are passionate about providing good care and support to children.

The well-being team works well with education staff to provide a joined-up health promotion offer to children. For some children, this has enhanced their awareness and understanding of healthy relationships and healthy lifestyle choices.

Practice in relation to the administration of medications is safe and effective, with good oversight by senior management. Children get the medication that they need, when they need it, to ensure they stay healthy and well.

Due to a change in the commissioned provider from 1 July 2021, the health and well-being team was left without managerial oversight and was understaffed. However, the staff that remained have worked extremely hard to ensure children's health needs were met.

The new healthcare provider has identified where there are gaps in the service and is recruiting to essential posts and improving quality assurance systems.

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

Staff are inconsistent in implementing safety plans as identified in children's risk assessments. There were three separate occasions when staff failed to follow risk assessments in the records reviewed. In one instance, a child was able to access materials to ingest, despite clear written guidance on the action staff should take to prevent this from happening. Managers investigated this and identified that this was an individual, rather than a systemic, failure. They have reinforced with the whole staff team the need to follow safety plans.

Risk assessments are reviewed regularly and set out in detail the actions needed to help keep children safe. However, the views of children are not used to inform these assessments. This means that children are less likely to understand and engage with staff efforts to help keep them safe.

When incidents occur, managers usually follow agreed procedures to ensure safe care. However, in one instance, a senior staff member failed to follow safeguarding procedures in response to a serious concern involving inappropriate contact between two children. Another senior staff member identified this error and ensured procedures were followed but there was a considerable delay in making sure that the concern was shared and addressed. The risk assessment for this child was amended in order to ensure staff understood how to respond to keep children safe, and there were no further incidents of concern.

Some staff raised concerns to inspectors, stating that their induction failed to prepare them well enough for working with children with challenging and complex needs. They also raised concerns about the levels of physical violence that they face and reported that managers were inconsistent in their responses to incidents. Leaders and managers are aware to staff concerns and have a service development plan to address them. It is too early to assess the impact of these changes on the quality of care provided to children.

Children are sometimes managed away from other children for periods of time for theirs and others' safety. Records kept of these measures of control are variable. In one example, it was not apparent that the child or staff had a clear understanding of what needed to change for the child to be integrated back into the group. This risks children being managed away for longer than is necessary.

Behaviour support plans identify circumstances that are potential triggers for children's behaviour and outline strategies to support children in these circumstances. Children reported that staff were inconsistent in their approach to promoting positive behaviour and that this sometimes left them feeling confused.

Physical intervention is only used when necessary to prevent harm. Incidents are well recorded and staff make all reasonable efforts to de-escalate situations. Managers have good oversight of this area of practice and ensure that swift action is taken to address any practice issues that arise.

Some children have made progress in areas such as reducing aggression and reducing incidents of self-harm. Social workers attribute this to the positive relationships that children have developed with some staff.

There are positive partnership-working arrangements with key agencies such as the local police. A recent meeting with local police shared information with regards to risks associated with child criminal exploitation. This ensured staff were fully informed about the risks that children may pose to each other.

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

Leaders and managers have faced significant challenges in recent months. The impact of COVID-19 on staffing has been exacerbated by changes in personnel in senior positions and front-line care staff.

There is good strategic oversight of the service and credible, well-thought-out improvement plans in place to develop practice. A new business manager and quality assurance manager have been appointed to improve management monitoring systems. There are additional senior staff to provide support to front-line staff and to focus on improving care practice.

Some key aspects of the service development plan, although credible, have either not yet been implemented or are not yet embedded to make the necessary improvements to the experience and progress of children. For example, some children are not being supported to reach their potential in education. Vacant posts in the health service mean that children do not have sufficient direct access to primary healthcare staff.

Managers have identified where improvement is needed to deliver better care for children and they are working on these measures. These include daily briefings to strengthen communication and to promote more-consistent care practice; improved access to online recording so that practice can be monitored and improved; an improved induction and training offer for new staff; and better performance management to identify shortfalls and to enhance staff practice.

Despite some improved systems for management oversight, there have been a number of instances where staff have not followed agreed procedures and this has, at times, meant that frontline safeguarding practice has fallen short of expected standards.

Management oversight of recording is inconsistent. Some records such as key-work sessions, care plans and notably records in relation to children being managed away, were either not clearly recorded or not regularly updated.

The registered manager plans to step down to return to his senior management role. A new manager has recently been appointed, and a planned transition is due to take place with the current registered manager.

Managers advocate strongly for children and work effectively in partnership with the professional network to ensure that the needs of children are at the heart of placement planning. In some cases, managers have influenced and enhanced care plans for children.

Managers have had to contend with challenges in delivering staff training due to the impact of COVID-19 and the number of new and temporary staff working in the

home. They have ensured that staff access core online training and, where possible, they have delivered face-to-face training. Going forward, managers are prioritising face-to-face training to address the shortfalls this inspection and their own quality assurance mechanisms have identified.

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 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;</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; and</p> <p>are familiar with, and act in accordance with, the home’s child protection policies. (Regulation 12 (1) (2)(a)(i)(ii)(iii)(iv)(v)(vi)(vii))</p> <p>Specifically, ensure that staff implement children’s risk assessments.</p>	<p>1 September 2021</p>
<p>The education standard is that children make measurable progress towards achieving their educational potential and are helped to do so.</p>	<p>1 September 2021</p>

<p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that staff—</p> <p>help each child to achieve the child’s education and training targets, as recorded in the child’s relevant plans;</p> <p>support each child’s learning and development, including helping the child to develop independent study skills and, where appropriate, helping the child to complete independent study; and</p> <p>promote opportunities for each child to learn informally. (Regulation 8 (1) (2)(a)(i)(ii)(v))</p> <p>Specifically, the whole centre should address persistent school refusal in order to ensure that attendance to, and participation in, education is the expected norm.</p>	
<p>The registered person must maintain records (“case records”) for each child which—</p> <p>are kept up to date. (Regulation 36 (1)(b))</p> <p>In particular, ensure that case recordings reflect key work sessions and that care plans are regularly updated.</p>	1 September 2021
<p>In order to meet the quality and purpose of care standard, the registered person must—</p> <p>ensure that the premises used for the purposes of the home are designed and furnished so as to—</p> <p>meet the needs of each child. (Regulation 6 (2)(c)(i))</p> <p>This is in particular reference to ensuring that all areas of the home are safe and free from hazards, such as pieces of masonry.</p>	1 September 2021
<p>The procedure to be followed in the event of an allegation of abuse or neglect must, in particular—</p> <p>provide for the prompt referral of an allegation about current or ongoing abuse or neglect in relation to a child to the placing authority and, if different, the local authority in whose area the home is located. (Regulation 34 (2)(b))</p>	1 September 2021

<p>Specifically, ensure that any allegations of abuse are reported to the designated officer at the earliest opportunity.</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>encourage each child to take responsibility for the child’s behaviour, in accordance with the child’s age and understanding. (Regulation 11 (1)(a) (2)(a)(iii))</p> <p>Specifically, ensure that children contribute to the development of their risk and behaviour support plans.</p>	<p>1 September 2021</p>

Recommendations

- The registered person should ensure the home offers opportunity for enjoyment and achievement, and encourage young people to participate and develop their skills and interests. Specifically, ensure children have access to a suitable range of activities. (‘Guide to the children’s homes regulations, including the quality standards (2015)’, page 31, paragraph 6.9)
- The registered person should ensure that children are provided with nutritious meals suitable for each child’s needs, including meals that meet children’s cultural needs. (‘Guide to the children’s homes regulations including the quality standards’, page 15, paragraph 3.8)
- The registered person should ensure the children’s guide is age appropriate, provided in an accessible format and explained to each child to make sure they understand it. (‘Guide to the children’s homes regulations, including the quality standards (2015)’, page 23, paragraph 4.21)
- The registered person should ensure that effective care planning and strong working relationships exist between the healthcare team and the home. In particular, to ensure all of the staff members adhere to the principles of the secure stairs model. (‘Guide to the children’s homes regulations, including the quality standards (2015)’, page 56, paragraph 11.2)
- The registered person should ensure that the recruitment of staff safeguards children and minimises potential risks to them. In particular, that the home recruit

a healthcare manager, substance misuse worker and healthcare manager to support the care of children. ('Guide to the children's homes regulations, including the quality standards (2015)', page 60, paragraph 13.1)

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'.

Secure children's home details

Unique reference number: SC038719

Provision sub-type: Secure Unit

Registered provider: Hampshire County Council

Registered provider address: Hampshire Council, 3rd Floor, Elizabeth II Court North, The Castle, Winchester, Hampshire SO23 8UG

Responsible individual: Kieran Lyons

Registered manager: John Stacey

Inspectors

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Malcolm Fraser, HMI FES
Gary Turney, CQC Health and Justice Inspector

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