

1263120

Registered provider: Apex Children's Services Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This is a privately owned children's home. It is registered to provide care for four children.

The current manager has been registered with Ofsted since 1 November 2018.

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

Inspection dates: 27 to 28 July 2021

Overall experiences and progress of children and young people, taking into

inadequate

account

How well children and young people are

helped and protected

inadequate

The effectiveness of leaders and

inadequate

managers

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

Date of last inspection: 1 May 2019

Overall judgement at last inspection: good

Enforcement action since last inspection: none

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Recent inspection history

| Inspection date | Inspection type | Inspection judgement |
|-----------------|-----------------|---------------------------------|
| 01/05/2019 | Full | Good |
| 19/02/2019 | Interim | Sustained effectiveness |
| 26/04/2018 | Full | Good |
| 17/01/2018 | Full | Requires improvement to be good |



Inspection judgements

Overall experiences and progress of children and young people: inadequate

During this inspection, serious and widespread shortfalls were identified in safeguarding practice. These are compromising children's welfare, safety and progress.

Not all children are receiving safe or effective care. There are examples where children's progress has either been limited or declined significantly since they moved into the home. However, one child has made progress and staff supported him when he moved into a semi-independent provision.

Not all children attend education. Although staff understand the importance of education and work hard to support children to overcome barriers to learning, they have been unable to encourage some children to attend any form of education or vocational studies. This does not ensure that all children are supported to achieve their educational potential. However, staff did support and prepare one child in the transition from high school to college.

Staff do not ensure that boundaries and structures in the home are followed, to support children with their education and health and to improve their behaviours. For some children, this has resulted in a lack of structure and routine. For example, staff have not been able to break the cycle of one child spending long periods of time in bed throughout the day. This has affected his education and learning.

Staff have not been successful in supporting all children to attend health appointments or securing the input of specialist services to address emotional and psychological needs. This means that some children's health needs are not being met and they are not accessing services to support their health and well-being.

Staff are not properly prepared for new children coming to live at the home. The registered manager compiled an assessment of the needs of a child before they moved into the home. However, the assessment was not shared with the staff team. The assessment stated that 'staff are trained in attachment theory and can do therapeutic work'. However, not all staff have received this training. This does not demonstrate effective care planning and did not ensure that staff were aware of the needs of the child or had the skills to safely support them.

Children do not have access to all parts of their home. Staff continue to lock the kitchen and bathroom areas on the ground floor at bedtime. There is no clear rationale for this decision, but it is seen as common and acceptable practice. This has been discussed at previous visits. Despite reassurances that this practice would change, no action has been taken.

The use of incentives is helping some children develop their independence skills. Some children earn rewards for completing set tasks, such as keeping their



bedrooms clean and tidy. However, the incentives are not individualised for each child and the success rate varies with the set tasks. This is not supporting all children to achieve their full potential.

Staff understand the importance of children spending time with family members. They support quality time with families and distance is not an issue. This is helping children feel valued and maintain a sense of belonging.

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

Although some children have made progress, not all children receive a good quality of care that is supporting them to reach their potential and keep them safe.

The strategies for managing known risks are not effective or kept under review. The staff do not always complete follow-up work with children when they have been at risk of harm, for example, when a child attempted to set a fire. No work was completed with the child to help them understand the danger they posed to their life and to those living in the home. This is a missed opportunity to explore behaviours and risks with children to support their learning and development.

The registered manager and staff do not demonstrate that they have the skills necessary to detect potential signs of criminal exploitation and the associated risks. For example, one child with a known history of being a victim of exploitation has been found at the home in possession of dangerous weapons, including machetes and knives, on several occasions. Despite these significant concerns, the identified risk of criminal exploitation has remained low.

The registered manager and staff have not made the link between possession of weapons and other risky behaviours, such as going missing from home, bringing alcohol into the home despite having access to a limited amount of money and children refusing staff access to their mobile phone. Therefore, the registered manager and staff are not demonstrating the level of professional curiosity required to keep children safe.

When children go missing from care, staff do try and locate them and follow the home's process. However, not all missing-from-home risk assessments have been updated. For example, the registered manager graded the risk for one child as low, even though the child had gone missing from the home several times recently.

Staff are not undertaking robust checks to ensure that children's safety is prioritised. There have been occasions when one child has been missing from the home, but staff have not undertaken agreed bedroom searches.

In the absence of robust risk assessments being undertaken the manager and staff are unable to demonstrate that children who stay overnight with friends are safe to do so. For example, one child spends unauthorised overnight stays with a friend, and little is known about the risks that household members may pose.



The registered manager seeks input from external professionals and communicates with the appropriate partners when concerns arise. However, multi-agency working does not always result in robust risk management plans. This does not demonstrate that actions agreed have been implemented to improve practice, minimise risks and keep children safe.

The effectiveness of leaders and managers: inadequate

The registered manager has also been managing another home operated by the same company. Managing both homes has had a negative impact on her leadership and oversight of this home.

The registered manager is not able to demonstrate that the staff are equipped with the knowledge and skills necessary to meet the complex needs of children living at the home. For example, she was unable to show from the records that all staff have completed training in attachment, trauma, autism and mental health awareness.

The registered manager's monitoring and review systems are ineffective. Consequently, she has failed to identify significant shortfalls in the quality of care and protection provided to the children. For example, risk assessments are not kept up to date when safeguarding incidents have occurred, such as missing-from-home episodes. The registered manager is therefore unable to demonstrate that the strategies in place are effective at keeping children safe.

The registered manager is not consistent in her approach regarding setting out expectations and boundaries for children living at the home. For example, she has not kept a child's safety plan under review. The agreement, in September 2020, was that the child carries an iPhone to allow staff to contact him when he is absent from the home. However, the child refuses to provide his mobile number to staff. This strategy has not been effective and there has been insufficient challenge. Staff have not demonstrated necessary skills to build trusting relationships with the child. This has resulted in a continued lack of boundaries and minimal progress being made.

Records at the home vary in quality. For example, the language and terminology used in some instances suggests children are to blame for their behaviours. This is not helpful to children when they read their records and gain an understanding of their care experiences.

There is a lack of rigour in making sure that records are kept of direct work undertaken, which is poor practice. The strategies in place for managing risks are not explicitly clear and do not guide staff effectively.

Shortfalls in the monitoring and review systems are preventing continued progress in the home. Some requirements raised at the previous inspection have not been adequately addressed and an internal report about the quality of care has not considered the views and experiences of children. This does not demonstrate that the registered manager is effective in bringing about the necessary improvements at the home.



Following this inspection, two compliance notices, under regulation 12 (the protection of children standard) and regulation 13 (the leadership and management standard) have been served on this home, due to the serious and widespread concerns 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, 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 |
|---|----------------------|
| In meeting the quality standards, the registered person must, and must ensure that staff— | 19 September 2021 |
| seek to involve each child's placing authority effectively in the child's care, in accordance with the child's relevant plans; | |
| seek to secure the input and services required to meet each child's needs. (Regulation 5(a)(b)) | |
| This is in relation to ensuring that timely follow-up action is taken with the placing authority in response to safeguarding incidents, in order to secure any relevant services to protect children. | |
| The health and well-being standard is that— | 19 September 2021 |
| the health and well-being needs of children are met. | |
| In particular, the standard in paragraph (1) requires the registered person to ensure— | |
| that staff help each child to— | |
| take part in activities, and attend any appointments, for the purpose of meeting the child's health and well-being needs. (Regulation 10 (1)(a) (2)(a)(iii)) | |
| This specifically relates to exploring ways to help children to take part in activities and attend health appointments. | |
| The positive relationships standard is that children are helped to develop, and to benefit from, relationships based on— | 19 September 2021 |
| mutual respect and trust; | |
| an understanding about acceptable behaviour; and | |

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| positive responses to other children and adults. | |
|---|----------------------|
| In particular, the standard in paragraph (1) requires the registered person to ensure— | |
| that staff— | |
| communicate to each child expectations about the child's behaviour and ensure that the child understands those expectations in accordance with the child's age and understanding. (Regulation 11 (1)(a)(b)(c) (2)(a)(v)) | |
| This specifically relates to reinforcing the boundaries and expectations around children's behaviour and revising strategies where appropriate. | |
| *The protection of children standard is that children are protected from harm and enabled to keep themselves safe. | 19 September 2021 |
| In particular, the standard in paragraph (1) requires the registered person to ensure— | |
| that staff— | |
| 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. (Regulation 12 (1) (2)(a)(i)) | |
| In particular, ensure that the children's risk assessments are robust and kept up to date, and that all staff read, understand and consistently follow them. | |
| *The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children's home that— | 19 September 2021 |
| helps children aspire to fulfil their potential; and | |
| promotes their welfare. | |
| In particular, the standard in paragraph (1) requires the registered person to— | |



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| lead and manage the home in a way that is consistent with the approach and ethos, and delivers the outcomes, set out in the home's statement of purpose; | |
| ensure that staff have the experience, qualifications and skills to meet the needs of each child; | |
| 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; | |
| use monitoring and review systems to make continuous improvements in the quality of care provided in the home. | |
| (Regulation 13 (1)(a)(b) (2)(a)(c)(f)(h)) | |
| This specifically relates to ensuring that the manager develops effective monitoring and review systems to continually evaluate the care that children receive. | |
| The registered person must ensure that— | 19 September 2021 |
| the privacy of children is appropriately protected; | |
| children can access all appropriate areas of the children's home's premises; and | |
| any limitation placed on a child's privacy or access to any area of the home's premises— | |
| is kept under review and, if necessary, revised. (Regulation 21(a)(b)(c)(iii)) | |
| This specifically relates to reviewing the arrangements for locking the kitchen and bathroom areas on the ground floor at night. | |
| The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received in the children's home. | 19 September 2021 |
| In particular the registered person must ensure that— | |
| medicine which is prescribed for the child is administered as prescribed to the child for whom it is prescribed and no other child; and | |

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| a record is kept of the administration of medicine to each | |
| child. | |
| (Regulation 23 (1) (2)(b)(c)) | 10.0 |
| The registered person must maintain records ("case | 19 September |
| records") for each child which— | 2021 |
| | |
| include the information and documents listed in Schedule 3 | |
| in relation to each child; | |
| | |
| are kept up to date; and | |
| | |
| are signed and dated by the author of each entry. | |
| (Regulation 36 (1)(a)(b)(c)) | |
| | |
| This specifically relates to the registered manager ensuring | |
| that staff date and sign all records relating to children's care. | |
| | |
| The registered person must complete a review of the quality | 19 September |
| of care provided for children ("a quality of care review") at | 2021 |
| least once every 6 months. | |
| | |
| In order to complete a quality of care review the registered | |
| person must establish and maintain a system for monitoring, | |
| reviewing and evaluating— | |
| | |
| the quality of care provided for children; | |
| | |
| the feedback and opinions of children about the children's | |
| home, its facilities and the quality of care they receive in it; | |
| and | |
| | |
| any actions that the registered person considers necessary in | |
| order to improve or maintain the quality of care provided for | |
| children. | |
| | |
| The registered person must— | |
| | |
| supply to HMCI a copy of the quality of care review report | |
| within 28 days of the date on which the quality of care | |
| review is completed. | |
| (Regulation 45 (1) (2)(a)(b)(c) (4)(a)) | |
| | |

^{*} These requirements are subject to a compliance notice.



Recommendation

■ The registered person should ensure that staff are supported to understand the importance of careful, objective and clear recording, to improve the quality of documents, including those relating to direct-work sessions completed with children. ('Guide to the children's homes regulations including the quality standards', page 62, paragraph 14.4)

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'.

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Children's home details

Unique reference number: 1263120

Provision sub-type: Children's home

Registered provider: Apex Children's Services Limited

Registered provider address: 6 Tower Quays, Tower Road, Birkenhead, Cheshire

CH41 1BP

Responsible individual: Barry Henry

Registered manager: Jennifer Savage

Inspector

Michael Charnley, Social Care Inspector

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