



Rainsbrook Secure Training Centre

Willoughby
Warwickshire
CV23 8SY

Annual inspection

Inspected under the secure training centres inspection framework

Information about this secure training centre

Rainsbrook Secure Training Centre is operated by MTC. The centre provides accommodation for up to 87 children aged 12 to 17 years who are serving a custodial sentence or who are remanded to custody by the courts. The centre has provision (within the 87 beds) for three mother and baby placements. At the time of the inspection, 34 children were placed in the centre.

Education is provided on site in dedicated facilities, by Nacro. Healthcare services are provided by Northamptonshire Foundation Healthcare Trust. The commissioning of health services at this centre is the statutory responsibility of NHS England under the Health and Social Care Act 2012.

Inspection dates: 7 to 11 June 2021

Overall experiences and progress of children and young people, including judgements on:

Inadequate

Children’s education and learning

Inadequate

Children’s health

Inadequate

Children’s resettlement

Requires improvement to be good

Taking into account:

How well children and young people are helped and protected

Inadequate

The effectiveness of leaders and managers

Inadequate

Date of last inspection:

17–21 February 2020

Overall judgement at last inspection:

Requires improvement to be good

Recent inspection history

Inspection date	Inspection type	Inspection judgement
26 January 2021	Monitoring visit	Not applicable
10 December 2020	Monitoring visit	Urgent notification (UN) process invoked
26–29 October 2020	Assurance visit	Serious concerns

Information about the recent inspection history

Due to COVID-19 (coronavirus), Ofsted, the Care Quality Commission (CQC) and Her Majesty’s Inspectorate of Prisons (HMIP) suspended routine inspections of secure training centres (STCs) in March 2020.

As part of a phased return to routine inspection, an assurance visit to the centre took place between 26 and 29 October 2020. The visit found serious concerns. Children newly admitted to the centre were being locked in their rooms for 23.5 hours a day without a justifiable rationale, and there was very limited progress on the recommendations from the February 2020 inspection.

A monitoring visit to the centre took place on 10 December 2020 to assess whether actions had been taken to improve the care, safety and well-being of the children. The visit found that the serious concerns identified at the October visit had not been addressed. As a result, the joint inspectorates invoked the urgent notification (UN) process, and subsequently the Youth Custody Service (YCS) took the decision to pause placing children at the STC.

A further monitoring visit to the centre took place on 26 January 2021. Placements remained paused, so practice in the reverse cohort unit could not be assessed. The visit found that some improvements had been made, but there was still much to be done to implement, and fully embed, best practice and cultural change within the centre.

This full inspection considered all aspects of the inspection framework and assessed whether the matters set out in the UN were met, including the practice linked to the care of children in the reverse cohort unit.

Inspection judgements

Overall experiences and progress of children and young people: Inadequate

1. Since the last full inspection, the quality of practice has declined. At the monitoring visit in January 2021, some improvements were noted in relation to practice seen at the previous monitoring and assurance visit. However, that visit was limited in its scope, and focused mainly on whether the centre had stopped locking newly admitted children into their rooms for 23.5 hours on admission. At this inspection, it was found that practice seen in the centre not only places children at risk of harm, but also gives them an inadequate experience of care and support, as the underlying leadership and management concerns identified were not addressed. Although the survey reflects that 86% of children said that staff treat them with respect, and that 80% of children feel cared for by most staff, children told inspectors that they live in an environment where they feel anxious and unsafe with inconsistent support from staff. Children and staff told inspectors of their concerns that a child or adult would be harmed or die as a result of the poor practice and management in the centre. Their comments included: 'Of course, we are not safe. That's just how it is'; 'I make weapons, innit? They keep me safe'; and 'Somebody is going to die in here soon.' Staff have serious concerns about the safety of children and themselves; a staff member said, 'Things are so bad in here that a child or staff member is going to die soon.' 'These serious concerns were not about a specific child or member of staff but were generalised concerns about the level of risk in the centre.
2. Children are no longer being locked in their rooms for excessive periods. However, volatile dynamics in the centre undermine children's opportunities to mix safely with peers from other units. Children's access to activities is limited, and unnecessary delays regularly occur. Children repeatedly informed inspectors that they want better access and more opportunities to mix outdoors. Children conveyed to inspectors that verbal abuse has progressively increased over time and is not challenged by staff. This has led to fights and incidents between children.
3. There are considerable inconsistency and variability across the centre in the quality of plans to keep children safe and in staff's understanding and implementation of these. Inconsistent application, or actual staff ignorance, of steps to take to manage the risks to children has serious implications for children's safety.
4. It is commonplace for a unit to have one member of staff on duty, and inspectors saw an example of one member of staff working with six children. This has resulted in custody care officers (CCOs) being unable to have the time to access, read and understand key information that they need in order to provide effective and safe day-to-day care to children. Staff, particularly those lone working, are being placed in an impossible position and unacceptable situations: for example, having to use the toilet in an unused child's room, while leaving children unsupervised, albeit briefly, or asking children to go into their rooms and be locked in to enable the staff member to have a break.

5. Constant changes to the staffing arrangements prevent children from building and sustaining positive relationships with the CCOs. A child said, 'There is all this new staff. It's like every day somebody different is in here; sometimes they don't even tell us their names. You don't know who is looking through the door at you. It's strangers.'
6. Despite some improvements in the decor in some of the units, a child-friendly, welcoming environment is not consistently maintained. For example, staff failed to notice that an unused child's room had faeces in the toilet, which resulted in a fetid, unpleasant smell in the living unit. Additionally, there was gang-related graffiti on the gates outside the education block. This is not conducive to a nurturing environment for children.
7. In the education block, toilet tissue is located outside the toilet doors in the corridor. The expectation is that children help themselves to the required amount of tissue prior to entering the toilet. This is insensitive and affects children's dignity and privacy.
8. The centre does not have an equality and diversity policy. This means that there is no central document to provide all staff with guidance and expectations about the care of children.
9. The progress of children against the objectives in their plans is not known by managers and staff because there are no systems in place to measure this.
10. During the admissions process, children are treated with care, respect and sensitivity. A child described the process as 'much better than I thought because staff were very kind'.
11. The centre chaplain provides a range of pastoral services for children. Children can follow their chosen faith. An Imam provides support to those children who practise the Muslim faith. The chaplain sensitively arranged support and an informal ceremony for a child who had been bereaved. The ceremony was child led and helped the child to process and express their feelings of loss.
12. The centre has an active youth council through which representatives can share their ideas about how to improve the running of the centre. However, the impact is limited, as the process to ensure that all children have the opportunity to contribute their views and ideas and receive feedback on actions taken from meetings is not sufficiently effective or understood. The impact of the youth council on the development of the centre is therefore limited.
13. Children are informed of their rights and are able to access advocacy support through an independent charitable provider. This service has been extended to cover weekends.

Children's education and learning: Inadequate

14. Nacro took over delivery of the education provision at the centre in May 2021. The quality of children's learning has not improved since the previous inspection. Leaders have been slow to tackle the weaknesses identified at the previous inspection. A contributing factor to lack of progress is the instability in the management of education, resulting from three different managers in a year.
15. The education provision has not received appropriate priority and attention from leaders, and as a consequence it remains weak.
16. The new education provider in a very short time has gained a good understanding of the weaknesses in education. Their ambition for the education provision at the centre is still at the planning stage, and therefore it is too soon to measure its impact.
17. Managers do not have enough information about the achievements and progress that children have made. In the last nine months, very few children have achieved a full or partial qualification in mathematics and/or English.
18. Since the previous inspection, leaders and managers have not placed enough emphasis on establishing children's starting points with regards to their skills, knowledge and behaviours, so that they can help them to develop in these areas. Leaders and managers have only very recently started to set children's existing knowledge and skills in vocational areas, and they plan to extend this to all subjects.
19. Leaders and managers have been slow to address recruitment to teaching staff vacancies and to deliver a training programme to enable education staff to better manage children's behaviour and improve the way that learning is delivered.
20. The new education team has begun putting together a training and development plan for existing and new staff. However, this plan is not yet fully developed.
21. The learning environment is not conducive to the education of children. Classroom walls are shabby and display holes. Seating is not conducive to group work; nor does it enable children to face the teacher and the board. Not all classes have learning technology to support teachers delivering lessons. Classrooms are bare and do not sufficiently showcase the work that children do or enhance the subjects that they study.
22. Managers have worked hard in the last few months to reduce the number of children who refuse to attend education and, as a consequence, attendance has improved. However, children are still removed from lessons to attend appointments too often. These absences are often unplanned and, in these instances, teaching staff and CCOs are unaware of why children have been removed or where to.
23. Children's punctuality when joining lessons has not improved since the previous inspection. Children continue to arrive late at their lessons, in some instances 30

minutes later than they are expected. Children, teaching staff and CCOs all move classes every hour, which causes delays.

24. The way in which staff deal with children's challenging behaviour has not improved. Staff fail to address children's swearing appropriately. Staff allow children to lounge on classroom desks and to put their feet on tables. This does not support children to improve their social skills or their readiness to learn.
25. Inspectors observed instances of aggression between children that took too long to de-escalate. This made the learning environment unsafe. On two occasions, children were seen to be locked in classrooms unsupervised, and this is a significant safeguarding concern.
26. The curriculum does not meet the needs of all children. Children with mixed levels of English and mathematics skills attend the same lessons, so that the curriculum goals are not sufficiently challenging for some.
27. Children do not have access to a timetable and often do not know what their education day will bring. They said that they would appreciate knowing what their lessons are for the day, which would help them feel better prepared.
28. The planning of lessons is ineffective, and, as a consequence, not enough children engage in productive learning. Resources and materials to support lessons tend to be of inferior quality and have little impact on the learning aim of the activity.
29. Lessons make insufficient links between previous learning and the activities that children are about to undertake. Teachers do not maximise the delivery of a broad and ambitious curriculum, by introducing other related topics from subject areas such as geography or mathematics, thus expanding children's knowledge of a concept. Teachers often miss the opportunity to promote cultural diversity and to challenge stereotypes in lessons. This does not prepare children well to live in a modern society.
30. Children are not sufficiently challenged to learn in lessons. In some cases, they express their frustration or boredom. In some lessons, there are a high number of teaching staff and officers, sometimes exceeding the number of children. In these cases, the children's input is often minimal, and the adults monopolise the conversation. Learning becomes informal.
31. Managers do not yet fully measure the impact of the learning support that they provide to children. The new education provider has recently introduced catching-up sessions for children who might be at risk of not making progress due to, for example, their short stay at the centre. Children with low reading ability enjoy learning individually with the support of their tutor. This initiative is being currently trialled, but only four children are benefiting from this opportunity.

Children's health: Inadequate

32. The multi-disciplinary health and well-being team works well collectively and provides a suitable range of services, with the ambition of improving the physical, mental and emotional well-being of the children they support. Healthcare staff feel unsupported and sometimes undermined by centre staff in their attempts to meet the healthcare needs of children. This fractured relationship has a negative impact on children having full access to the health provision available, which means that children's experience of the healthcare they receive has led to this inadequate judgement.
33. On too many occasions, children are not taken by CCOs to planned healthcare appointments on time, and sometimes they are not taken at all. Children also go without their prescribed medication on too many occasions. This is explained as being due to staff shortages or children refusing to attend or to another child refusing to leave the outside quadrant, preventing them from crossing the quadrant due to security reasons. Children often deny that they have refused to attend appointments or collect their prescribed medication, saying that they were not asked to do so.
34. One child, who was reported by health staff as needing to be assessed in hospital for a possible head injury, was not taken to hospital. The explanation for this was unclear, and health and senior centre staff provided differing explanations for this failure. Healthcare staff reported feeling undermined by centre staff. They reported that they have escalated their concerns about children's safety to centre leaders. However, the centre has not responded to all the concerns raised, and some matters remain unresolved.
35. Appointments with external healthcare providers are not always well managed. The healthcare team arranges any necessary external healthcare appointments for children. However, poor arrangements by centre staff lead to occasions when children are late for their appointments and, as a result, they are sometimes refused treatment. This is despite healthcare staff informing centre staff when an appointment is made and reaffirming this at handover meetings the day before the appointment is due.
36. Age-appropriate immunisations are administered with consent. COVID-19 has affected some visits by health professionals to the centre; however, these visits are all now resumed. Nurses liaise with the GP and external specialists to ensure a coordinated approach to the management of children's long-term conditions. The GP provides a responsive and effective service.
37. The dental service provides an effective and flexible service for children. Waiting times are very low, and an appropriate range of NHS treatments are being offered. Advice on good oral hygiene is routinely given to children, and disease prevention is promoted.
38. The implementation of Secure Stairs (SS) has not progressed since the last inspection and it has yet to be embedded in practice. Recently, some time has been

provided to offer training and reflective practice for centre staff. While this is a welcomed initiative, attendance by centre staff has been poor and therefore ineffective. The value and importance of implementing SS and attending training sessions have not been disseminated by centre managers to all staff. Therefore, there is not a fully integrated centre-wide approach to supporting the children to feel safe and to improve their emotional health and self-esteem.

39. The health and well-being team ensures that children have their mental health needs met through a range of psychiatric and psychological interventions. Due to the current pandemic, this is delivered via 1:1 work only until groups are permitted again.
40. The Children's Health Assessment Tool (CHAT) process is used to identify children's health needs promptly. It works alongside weekly multi-disciplinary team meetings and is used to inform children's ongoing care. Clear and comprehensive support plans, which provide important information to help keep children safe, are not always known or implemented by staff on living units. This places children at risk of serious harm.
41. The substance misuse worker is excellent at engaging with the children. They educate children about the dangers of alcohol and drug misuse. A range of interventions are available to the children, including acupuncture, which is very popular.
42. Children's transitions are well thought out and planned from the moment they arrive at the centre. The centre health team has good links with community health teams, sharing information about children's ongoing health needs to support children when they leave the centre.

Children's resettlement: Requires improvement to be good

43. Resettlement case workers know the children well. They have regular contact with children's families and carers and keep them informed about children's care. Children confirmed that the centre involves their families, and this is helpful and supportive. As found at the last inspection, caseworkers' contact with children was not recorded on the Youth Justice Application Framework (YJAF). This means that recorded information about children does not automatically transfer seamlessly when they move to Young Offenders Institutions. Children talked positively about their case workers, reporting having frequent contact and developing trusting relationships. Inspectors observed good engagement, including case workers joining children in activities and helping with homework.
44. Psychology-informed formulations take place in a timely way for all children. However, not all CCOs are aware of the details in these documents to inform their day-to-day care of children.

45. Most children know what the targets and objectives in their plans are, but only 62% said that staff are helping them to achieve them, and less than half feel that they are being helped to prepare for their release. Several children are eligible for mobility, which is authorised time out of the centre in preparation for leaving. However, it has only been used five times in the last six months. Children expressed their frustration about this. Some mobility decisions were stuck in the approval system as pending with the YCS, which is a source of frustration to the children. Leaders do not have a process in place to escalate concerns about delays to mobility decisions.
46. There had been no children released without an identified place to live. However, some children expressed frustration about the uncertainty of where they will be going when they leave, as plans are not clear. Delays in identifying a place to live impacts on the provision of other services like education or healthcare on release. While the responsibility for securing a place for children to live rests with other agencies, the centre has not addressed the issue of children leaving the centre without a secured place in education provision in the community.
47. Moves for girls to adult custodial establishments are well planned and managed well. Transitions for boys are less well developed. This area of practice requires improvement to ensure that it meets the needs of children.
48. COVID-19 has had an impact on the contact the centre has with community youth offending teams (YOT). 40% of calls to YOTs by case workers had not been returned, which resulted in important information the centre uses to improve provision, such as recidivism data, not being available. Managers have not escalated this to the relevant authorities.
49. The children's living units are routinely understaffed, and many staff are new in post. Frequent redeployment between units means that many CCOs do not know the children well. The sharing of information with case workers about the children's progress is poor.
50. A wide range of interventions are delivered to children in a blended format. Some workbooks and psychological interventions are child centred and consist of both one-to-one and group work. Formal interventions are assessed.
51. The centre has secured mentoring support from a charity for two children once a week. The impact of this has not been assessed.
52. All children said that they can use the telephone every day, and the centre has increased phone access for children. Children on the reverse cohort unit (RCU) have complete unrestricted access 24 hours a day. 95% of children reported that they receive visits at the centre, a third of whom reported that these take place once a week or more. Children told us that visits are positive.

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

53. Some children do not feel safe.
54. In the survey conducted with children for this inspection, 50% of children told us that they had felt unsafe during their time in the centre, and 25% felt unsafe at the time of the inspection. Children told us that there has been an increase in the making and use of improvised weapons. However, the centre's records show that incidents involving the use of weapons have remained at similar levels. Children said that they have weapons 'just in case'. The volatile culture places children and staff at risk of serious harm.
55. Although use of force is very high, approximately half of all force used at the centre is low-level guiding holds or single embrace. Staff de-escalate most incidents, but inspectors found occasions when staff practice has been poor in this regard, leading to incidents escalating and becoming overly prolonged.
56. There are increasing numbers of significant incidents that relate to poor security. Children are gaining entry to areas of the units or the centre that should be restricted to them. For example, poor staffing levels and poor supervision of children enable children to bully and intimidate each other. Physical assaults between children are common, and work to resolve these conflicts is minimal. Safeguarding records include occasions when staff collude with children to disrupt the running of the centre. For example, on one occasion, a member of staff was dismissed for conspiring with children to cover a closed-circuit television (CCTV) camera.
57. Staff do not appropriately challenge poor behaviour. For example, swearing and play-fighting are accepted, and inspectors saw intimidating behaviour go unchallenged by staff. This undermines children's relationships with staff and does not discourage the potential for more serious poor behaviours.
58. Incidents of bullying are high, and there has been a significant increase in verbal and racial abuse. While bullying interaction logs are used to monitor children's interactions with each other, required follow-up work and/or effective mediation is non-existent. Consequently, underlying issues between children remain unresolved and repeatedly escalate.
59. Children told us of frequent incidents of racism and transphobic abuse. They conveyed to inspectors that verbal abuse has progressively increased over time and is not challenged by staff. This has led to fights and incidents between children. Children said that when there are 'door slips' – occasions when security breaches enable children to gain entry to prohibited areas – a fight is 'inevitable to ensure that [they do] not lose face'.
60. The behaviour management system is poor as is the application of it by staff. Children said that they feel that the system is applied inconsistently and is unfair.

Staff told us that they have little confidence in the system as managers or other staff often reverse decisions they have made.

61. Rewards fail to incentivise good behaviour. The levels used in the incentive scheme to promote good behaviour do not have enough differentiation, and so they are ineffective. Staff are inconsistent in their use of rewards, which further undermines the incentive for children to behave well.
62. There is no process in place to oversee the behaviour management system or monitor its usage. The centre was unable to demonstrate that abuse of the system, which may lead to issues such as disproportionate treatment of protected characteristic groups, does not occur.
63. Most safeguarding concerns are recorded and referred to relevant parties within suitable timescales. However, health staff reported that they do not always receive satisfactory responses to safeguarding referrals they make. The majority of significant staff practice issues and safeguarding concerns identified through this process result in actions of 'additional training' or 'supervision'. These measures are ineffective. Many poor-practice issues are continually repeated without lessons being learned.
64. The head of safeguarding does not have the capacity to implement the changes needed to improve the protection of children. The demands of competing priorities prevent a focus on evaluating and improving practice across the centre. Furthermore, there is an over-reliance on the designated officer to quality assure referrals and concerns. Professional curiosity and defensible decision-making are not consistently evident in safeguarding records. The recruitment of an operational service manager (OSM) for safety has increased the safeguarding team's capacity.
65. Records of searches reflect the rationale with a clear narrative to demonstrate whether these were process or intelligence led. The YCS has identified occasions when pat and wand searches carried out by staff on children have indicated potential contraband/risk items. This information is noted by staff completing the searches, but no action is taken to prevent the child from continuing to move around the centre. This potentially places children, staff and visitors at considerable risk of harm.
66. There is a notable increase in the frequency of all types of searches. The outcome of this activity has resulted in the centre finding more contraband items and/or items that may cause harm to children or others. However, this increased frequency does not act as a deterrent for staff and/or visitors to the centre, as prohibited items continue to be brought in. For example, during the period from 8 March 2021 to 13 March 2021, 25 members of staff were found in possession of prohibited items.
67. Governance and oversight of use of force are appropriate. Serious injury and warning signs during restraint are acted on appropriately. Weekly restraint minimisation meetings take place, and these are used to review footage of any concerns or complaints. Any safeguarding concerns are identified and monitored through this

meeting. The designated officer attends this meeting on a quarterly basis to provide independent scrutiny of the use of force.

68. Handling plans for minimising and managing physical restraint (MMPR) are regularly reviewed including after every restraint. Some of these plans are not available on the units despite unit managers being informed when updates occur. This means that up-to-date information relating to the safety of the children is not effectively disseminated so that staff know how to keep children safe.
69. Single separation has increased dramatically over the last six months, as staff have tried to calm and control the high numbers of violent situations. Any use is always authorised appropriately, and suitable observations are carried out by staff in line with children's needs.
70. There have been a high number of complaints from children since the last inspection. Although records indicate that these are quickly assessed and passed to allocated managers for investigation, children reported that they do not feel that this is the case.
71. The centre does not always manage normal day-to-day escorts well, and children miss health appointments due to a lack of planning and organisation. This is despite a previous lessons-learned workshop. Inspectors also saw problems with more complex escorts, which required higher levels of managerial oversight. This led to a child experiencing anxiety due to a delay in moving to another setting, because of the poor planning by centre staff of the practical arrangements for the move.

The effectiveness of leaders and managers: Inadequate

72. Children and staff conveyed to inspectors that living in the centre does not feel safe. There has been a notable deterioration since the last full inspection and the monitoring visit in January. Poor and unsafe staff practice has not been effectively addressed in a timely way by the senior leadership team, which has resulted in serious and widespread failures.
73. Leadership since the last full inspection has been inconsistent, with three changes of director. The disconnect between the senior leadership team and centre-wide staff has increased in recent months. Staff and children said that the director is not sufficiently visible to children and staff. A number of recommendations in this report mirror those from the inspection 15 months ago. There has been a lack of urgency and limited progress on the centre's 'Ofsted inspection' action plan. The current director has been in post since 1 April 2021, and, although he does have plans to address the evident failings, these are untested and the impact on improving the safety and care of children is not yet known.

74. The practice of locking children in their rooms for 23.5 hours as a response to COVID-19, which was identified at the assurance visit in October 2020 and found not to have been addressed at a monitoring visit in December 2020, has now ceased.
75. The importance given to healthcare staff is of particular concern. Centre staff not working with healthcare staff has had a negative impact on the healthcare children have received. A strong visible reminder of this is that healthcare staff walk around the centre in twos on a daily basis, as they do not feel safe alone. The senior leadership team has not worked together effectively to address this.
76. Significant concerns regarding education that children receive at the centre were raised at the last full inspection. Since May 2021, a new education provider has taken over the delivery of education. However, no progress has yet been made. The education provision remains weak. The fact that there have been three different education managers in a year has had an impact on progress.
77. Despite continued efforts, the centre has not been able to effectively recruit and retain enough suitably skilled custody officers. The centre has a high number of new and inexperienced staff. Staff have been recruited into senior positions from within the organisation, and this has further weakened CCO capacity and added to staffing pressures. Children and staff told inspectors that 'new staff' are training 'new staff'.
78. The centre continues to struggle to meet minimum staffing levels due to the high attrition rate of CCOs. Children experience continual staff changes and do not have the opportunity to build trusting relationships. In addition, CCOs are moved from unit to unit to cover staff shortages and are subsequently working with children they do not have knowledge of. Children find this level of constant change and uncertainty difficult, and this adds to their levels of anxiety and instability.
79. Unsafe and collusive practices are a direct result of the lack of skills and experience of CCOs and the lack of direction and guidance they receive. CCOs do not receive regular good-quality supervision and oversight of their performance and development. CCOs said that they do not feel supported, and that poor practice is not readily identified or challenged. CCOs have access to training but feel that this is no more than a tick-box exercise.
80. Staff are unable to effectively manage children's behaviour. Children said that they are able to manipulate less-experienced staff. Many CCOs are not confident or skilled in managing children with challenging behaviours and complex needs.
81. The leadership team recognises the staffing challenges and has started to put in place structures to strengthen OSM oversight and develop and support CCOs on the children's living units and in education. The leadership team is consulting on pay grades and shift patterns. These are positive developments, but it is too early to see any improvements in children's experiences of care and protection as a result. Similar plans to introduce a new core working day at the last full inspection have not been progressed.

82. The YCS has continued to provide monitoring and oversight at the centre and has a detailed monitoring programme to test the UN action plan. YCS monitors are visible, speak with children and undertake unit 'health checks' twice a month. These cover a range of issues, result in an action plan and are revisited the following month to check progress. The records of the health checks identify shortfalls, for example the issues of the searching of children not being at the required standard, and the outcomes of these checks are reported to the centre. An education assessment in May identified slippage in the time when children can access education due to movements between classes every hour and CCOs not deployed in a way that would support education provision. These issues remained evident during the inspection despite the YCS identifying the shortfalls.
83. Children and staff said that they do not feel safe in the centre. This is a deterioration since the last inspection. Poor and unsafe staff practice has not been effectively addressed in a timely way by the senior leadership team, and this is a serious and widespread failure.

What needs to improve:

Prior to the publication of this report, the Secretary of State decided to take steps to remove the children from the centre.

Recommendations

Immediately

- Ensure that leaders across the centre work effectively together to address the action plan arising from previous inspections and visits.
- Ensure that the centre is adequately and suitably staffed to meet children's needs and safeguard their welfare.
- Implement effective measures to reduce levels of violence to provide children with a safe and supportive environment.
- Ensure that children's plans are available on living units, so that staff have all the information necessary to care safely for children.
- Improve the capabilities of frontline staff to consistently and confidently challenge poor behaviours, and to take immediate action when children are intimidated and bullied by their peers.
- Ensure that leaders and managers across the centre work together more effectively to quickly improve the working relationship between healthcare and centre staff, to ensure that the health needs of children are prioritised.
- Ensure that children are escorted to attend all their health appointments, and that their attendance for prescribed medicines is facilitated.
- Ensure that leaders and managers across the centre work together more effectively to continue to improve attendance and punctuality in education. Children's learning time needs to be protected and maximised by all leaders, managers and staff.
- Improve the condition of the learning environment urgently, to provide children with education areas that are welcoming and that they feel proud to attend.

Within three months

- Ensure that all CCOs receive regular recorded supervision and annual performance and development reviews. These measures should actively support and challenge their direct work with children, promoting consistently high standards that increase children's trust and confidence in them.

- Ensure that resettlement case workers do everything possible to secure the details of children's accommodation and license conditions from responsible external agencies, well in advance of their release from the centre.
- Ensure that leaders and managers recruit to fill the vacancies in education with suitably qualified and experienced teachers. In addition, they need to support the development of all existing teaching staff to ensure that they are equipped with the necessary subject matter knowledge and teaching skills that enable them to deliver a high quality of education.
- Ensure that leaders, managers and staff focus on identifying children's starting points across a wider range of development areas, in addition to English and mathematics, ensuring that they progress and achieve well.
- Ensure that leaders and managers make sure that the curriculum is developed to meet the needs and interests of children, including the promotion of personal development such as the understanding of diversity.
- Ensure that leaders and managers fully measure the impact that the learning support they offer children has on their experience of education, ensuring that those children who need it most receive adequate support that enables them to realise their potential.

Information about this inspection

Inspectors have looked closely at the experiences and progress of children and young people under the secure training centres inspection framework.

This inspection was carried out in accordance with Rule 43 of the Secure Training Centre Rules (produced in compliance with Section 47 of the Prison Act 1952, as amended by Section 6(2) of the Criminal Justice and Public Order Act 1994), Section 80 of the Children Act 1989. Her Majesty's Chief Inspector's power to inspect secure training centres is provided by section 146 of the Education and Inspections Act 2006.

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All inspections carried out by Ofsted, HMIP and CQC contribute to the UK's response to its international obligations under the UN Optional Protocol to the Convention against Torture (OPCAT) and other Cruel, Inhuman or Degrading Treatment or Punishment. OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees.

Inspectors

Lead Inspector: Pauline Higham, Ofsted, Senior Her Majesty's Inspector
Quality Assurance Manager: Janet Fraser, Ofsted, Senior Her Majesty's Inspector

Jo Stephenson, Ofsted, Social Care Regulatory Inspector Manager
Maria Navarro, Ofsted, Her Majesty's Inspector
Elaine Allison, Ofsted, Social Care Regulatory Inspector Manager
David Foot, Her Majesty's Inspectorate of Prisons, Inspector
Esra Sari, Her Majesty's Inspectorate of Prisons, Inspector
Gary Turney, Care Quality Commission, Health and Justice Inspector

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Piccadilly Gate
Store Street
Manchester
M1 2WD

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E: enquiries@ofsted.gov.uk
W: www.gov.uk/ofsted

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