

1212708

Registered provider: Pathway Care Solutions Limited 04004053

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home is operated by a private organisation. It provides care for up to three children who may have emotional or behavioural difficulties.

The registered manager left in April 2021. There is currently no registered manager in post.

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.

Inspection dates: 31 August and 1 September 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/or widespread failures that mean children and young people are not protected or their welfare is not promoted or safeguarded.

Date of last inspection: 17 July 2019

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
17/07/2019	Full	Good
07/02/2019	Interim	Sustained effectiveness
09/05/2018	Full	Good
21/02/2018	Interim	Sustained effectiveness

Inspection judgements

Overall experiences and progress of children and young people: requires improvement

Children are cared for by a relatively new staff team. Care is also now overseen by an interim manager and deputy. This management arrangement has been in place since June 2021.

Care planning for some children has drifted. This is because staff have been unclear about each child's long-term plan. Where children are not making progress, managers have not taken adequate action to address this shortfall. Similarly, managers have not assessed whether the staff have the required expertise to meet each child's needs. For example, children are not cared for by staff who are trained in substance misuse. This impacts on staff's ability to monitor and evaluate child substance misuse. The staff team has not received training in understanding attachment and the impact of trauma on children, despite this being outlined in the homes' statement of purpose.

At times, children have not had good daily routines or made sufficient progress academically. For one child, there has been significant concern over the use of cannabis. Action taken by staff to tackle this has been ineffective. Additionally, one child became a parent. The managers and staff have not ensured that the views and opinions of the child have been represented at meetings relating to their child.

Some children have benefited from more stability. Some children have attended education and been well prepared for independent living. Additionally, reports from children about the care they receive is generally positive.

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

Children's risk assessments and associated documents lack clarity. Following serious incidents involving children, documents are poorly reviewed and amended by managers, they are difficult to understand or make sense of. Managers have also failed to thoroughly evaluate incidents of concern. This prevents them and staff from learning lessons to minimise the likelihood of future incidents. Well-considered actions are not put in place to manage escalating risks for children. Important documents relating to the care and safety of children are not being read by staff. This obscures their understanding of what actions to take to keep children safe.

When staff have had to search children's rooms, managers have not evaluated these searches or provided sufficient oversight. This is particularly concerning when drugs or dangerous items have been found.

Staff try to implement behavioural boundaries for children. However, this has been ineffective, some children have threatened and intimidated staff. This has resulted in staff not feeling confident to challenge unacceptable behaviour.

When children have used drugs, managers have failed to evaluate these concerns and incidents effectively. Some children are involved in criminal behaviour. Despite this, staff and managers have shown very little curiosity or monitored these incidents sufficiently. Some children have regularly been missing from the home, at times, overnight. There is no plan to reduce these incidents and to keep the children safer.

Some children are routinely using an electric scooter for transportation despite them being underage. For example, on one occasion, a child and another resident had ridden recklessly in the road. One child has continued to use the electric scooter despite staff requesting them not to. This is dangerous.

Staff have made a referral to other agencies following concerns for a child relating to exploitation. However, the acting manager has not updated the referral in accordance with the escalating risk. This prevents other agencies from being clear about the level of concern for the child. Involved agencies providing outreach support have been accessed by staff on two occasions. The child has not engaged with these services. Therefore, risks continue to increase, without a robust multi-agency plan to tackle these risks.

Staff have engaged with one child effectively. For example, there has been some good safety work completed. This has helped the child to become safer.

The effectiveness of leaders and managers: inadequate

Management arrangements have been inconsistent. Although there is an interim manager and deputy, there remains some shortfalls in the leadership and management of the home. At times, the acting manager's oversight and evaluation of safeguarding concerns have been poor. This negatively impacts on staff's ability to keep children safe. Managers have not always been available to staff. For example, staff did not receive a timely response from an on-call manager after an emergency involving a child. This left staff without the direction and support they needed.

Managers have not had clear and consistent plans to keep children safe. This is particularly the case when children do not respond to the behavioural boundaries implemented by staff. For example, the fire risk assessment details that fire-lighting equipment, such as cigarette lighters, should be handed to staff. However, this has not been shared with staff, and the child is not following this expectation. This renders the risk assessments ineffective with no plan to address this shortfall.

Some staff state that they feel overwhelmed, unheard and, at times, under supported by managers. For example, some staff work very long shifts, which negatively impacts on them. Furthermore, some staff have felt unsafe in their work with children.

Individual and professional staff supervision meetings have been inconsistent and often completed by different managers. For example, no staff supervision meetings

took place in August 2021, even though this was a difficult time for children and staff. Despite these recent shortfalls, staff express that management has improved recently.

Overall, there remains shortfalls in leadership and management. Although some children have made progress, not enough is being done to evaluate the care and safeguarding of all children effectively. At times, some children have not been safe and management has not acted to rectify this.

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 education standard is that children make measurable progress towards achieving their educational potential and are helped to do so. (Regulation 8 (1))</p> <p>This specifically relates to ensuring that children attend some form of education provision.</p>	6 October 2021
<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>an understanding about acceptable behaviour; and</p> <p>positive responses to other children and adults.</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>help each child to develop socially aware behaviour;</p> <p>encourage each child to take responsibility for the child’s behaviour, in accordance with the child’s age and understanding;</p> <p>help each child to develop and practise skills to resolve conflicts positively and without harm to anyone;</p> <p>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;</p>	6 October 2021

<p>understand how children’s previous experiences and present emotions can be communicated through behaviour and have the competence and skills to interpret these and develop positive relationships with children. (Regulation 11 (1)(a)(b)(c) (2)(a)(i)(ii)(iii)(iv)(v)(ix))</p> <p>This specifically relates to ensuring that children’s plans outline what acceptable behaviour is. If a child’s behaviour is unacceptable, plans should detail what steps will be taken to address this. Plans to manage risk should be clearly communicated to children. Children’s plans should be maintained to a good standard. Documents should be viewed and updated as live documents. Staff should be supported to understand attachment, substance misuse and addiction.</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;</p> <p>that the home’s day-to-day care is arranged and delivered so as to keep each child safe and to protect each child effectively from harm;</p> <p>that the effectiveness of the home’s child protection policies is monitored regularly. (Regulation 12 (1) (2)(a)(i)(ii)(iii)(b)(e))</p> <p>This specifically relates to ensuring that managers review and evaluate each child’s risk-taking behaviours. Where children struggle with substance misuse, this should be monitored alongside any signs of child criminal exploitation.</p> <p>If it is not safe for children to have forms of ignition in their bedrooms. Steps should be taken to ensure that this does</p>	<p>6 October 2021</p>

<p>not happen. If staff believe that a child has drugs or a weapon, steps should be taken to ensure that these items do not remain within the home unless there is a plan for these items to be taken by staff.</p> <p>Child criminal exploitation risks should be clearly communicated to wider professionals. Each child's risk assessment should be updated and evaluated.</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>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;</p> <p>ensure that staff work as a team where appropriate;</p> <p>ensure that the home has sufficient staff to provide care for each child;</p> <p>understand the impact that the quality of care provided in the home is having on the progress and experiences of each child and use this understanding to inform the development of the quality of care provided in the home;</p> <p>use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(a)(b) (2)(a)(b)(d)(f)(h))</p> <p>Managers must review and sign children's documents and ensure that staff understand each child's documents.</p> <p>Where staff do not feel safe at work, managers should take steps to ensure that staff are supported to provide quality care for children in a way that meets their needs.</p> <p>Staff should receive regular supervision. Managers should receive inductions that better equip them to meet the needs</p>	<p>6 October 2021</p>

<p>of children who may have emotional and behavioural difficulties.</p> <p>On-call management processes must be effective to ensure that staff receive necessary support in a timely manner.</p> <p>Steps should be taken to resolve the management arrangements in the home.</p>	
<p>The care planning standard is that children—</p> <p>receive effectively planned care in or through the children’s 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, subject to regulation 22 (contact and access to communications), contact between each child and the child’s parents, relatives and friends, is promoted in accordance with the child’s relevant plans. (Regulation 14 (1)(a) (2)(a)(b)(ii)(iii)(e))</p> <p>This specifically relates to managers reviewing each child’s care plan and whether staff can meet each child’s needs. If children are not making progress, steps should be taken to better equip the staff team to meet each child’s needs.</p> <p>Where children are parents, staff should ensure that the child’s wishes are represented at their child’s meetings. To do this effectively, managers should liaise with wider professionals and have regular discussions with the child about their parenting wishes.</p>	<p>6 October 2021</p>

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: 1212708

Provision sub-type: Children's home

Registered provider: Pathway Care Solutions Limited 04004053

Registered provider address: Atria, Spa Road, Bolton BL1 4AG

Responsible individual: Donna Carlin

Registered manager: Post vacant

Inspector

Andi Lilley-Tams, Social Care Inspector

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