

1246449

Registered provider: New Forest Care

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home was registered with Ofsted in February 2017. It is registered to provide care for up to five children. The home offers short stays (usually of around three months) for children in crisis. The home is based in a semi-rural location and uses a variety of settings, for example, a cottage, lodges and a cabin, which children may stay in or move between during their time at the home.

The manager has been registered with Ofsted since March 2019.

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: 8 to 9 September 2021

Overall experiences and progress of children and young people, taking into account	good
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How well children and young people are helped and protected	good
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The effectiveness of leaders and managers	good
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The children's home provides effective services that meet the requirements for good.

Date of last inspection: 7 May 2019

Overall judgement at last inspection: requires improvement to be good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
07/05/2019	Full	Requires improvement to be good
29/08/2018	Full	Requires improvement to be good
10/01/2018	Interim	Sustained effectiveness
28/06/2017	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: good

Most children respond positively to the structure, the routine and the care that they receive at the home. This often enables them to withdraw from some of the unsafe activities they may have engaged in prior to arriving at the home. Children build positive relationships with the staff, and all children said that there is a member of staff they could speak to if they were concerned about anything. Children feel safe living at this home.

As well as becoming safer, children generally make progress while living at the home. The professionals spoken to during this inspection identified a common theme of children becoming more confident and able to express themselves. Children also become more engaged in learning and begin to engage in lessons adapted to complement their learning style. This is a significant achievement for some children who have previously disengaged from education for extended periods. One child is now able to attend education full time at the organisation's school.

Children are consulted about their care and how the home operates. They are also informed about the complaints process, independent advocacy and the organisation's independent listener. However, the children are advised that they should speak to a member of staff if they wish to access any of these services. This may inhibit some children from getting external support to ensure that their voice is heard.

There is an effective response to meeting children's physical health needs. This is an area where children also make good progress. Children have benefited from receiving previously delayed dental treatment, a healthy balanced diet and regular exercise. A sensitive approach is taken to helping children maintain good hygiene.

Children's mental health is given equal priority. Records of key-work sessions for one child show that staff have regularly monitored how the child is feeling and how he is managing difficult emotions. Monitoring and appropriate support is also given to children who may self-harm. Children's placement plans do not always specify how a child will be supported on a day-to-day basis to maintain good mental health. However, it is evident that staff are vigilant and take a nurturing approach to supporting the children.

There is a comprehensive activity programme for children, which underpins the approach taken to settling children in crisis and building positive relationships. This means children learn new skills and develop new interests. One child spoke about how he has learned to scuba dive, and this has clearly benefited his self-esteem. As the children's placement progresses, more formal educational activities are introduced, in partnership with the child's placing authority.

The main house is well maintained and provides a welcoming environment. However, in one of the lodges being used to accommodate children, the carpets were observed to be stained and many of the fittings and fixtures were scuffed. A damaged window blind was also seen. In all the properties, there are sufficient facilities for staff who are sleeping in overnight. One of the staff bedrooms, adjacent to a communal lounge, was found to be unlocked. Car keys and an electronic recording device had been left unsecured in the room. These are items that should not be accessible to the children living at the home.

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

The staff have the skills needed to engage positively with children who have faced many challenges and trauma in their lives. They also have a detailed understanding of each child's vulnerabilities. Consequently, most children build trusting relationships with the staff and become more confident in the ability of staff to keep children safe. Some children develop a greater awareness of how certain behaviours, such as going missing, could place them at risk of harm.

Although the risks pertaining to each child are well known, the risk assessments and the strategies that underpin practice are not well recorded. The locality risk assessments for some of the accommodation used for children do not have detailed strategies in relation to unknown adults and children using the adjacent holiday facilities. One child, who is known to be at risk of child sexual exploitation, did not have a specific risk assessment relating to this issue.

There is a coordinated response to children who go missing, and a proactive approach is taken to locating missing children at the earliest opportunity. A caring, nurturing approach is taken to welcoming children back to the home, and this makes it easier for children to discuss their reasons for leaving and experiences while away. One child said he now had a better understanding of why staff worry about him when he goes missing, and he spoke with some pride about how he had significantly reduced his missing episodes while living at the home.

There are effective behaviour management plans for each child. The children are given the opportunity to contribute to these plans, particularly in relation to identifying a 'safe space' and strategies that they believe will help them to manage if they become anxious or distressed. This empowers children to manage their behaviour more effectively.

Incidents resulting in the physical restraint of a child are very well recorded. These clearly demonstrate why the intervention was necessary and what de-escalation techniques were used by the staff involved. The records also show that both the child and the staff are given the opportunity to debrief and reflect on the incident and rebuild relationships.

Staff spoke confidently about the procedure they would follow if they had concerns for a child's welfare. However, one example was identified where there had not been an appropriate response to a safeguarding issue. A child's complaint regarding

members of staff was not investigated thoroughly and no consultation took place with the designated officer regarding the child's allegation of abuse. Records were not kept of the child's response to the complaint investigation outcome, and neither were the allocated social worker's views recorded.

Safe recruitment procedures are well established and implemented in practice. New staff are closely monitored in terms of their suitability to work with children. The vigilance of a team leader recently ensured that prompt and effective action was taken when it became apparent that one newly recruited member of staff was not suitable for the care worker role.

The effectiveness of leaders and managers: good

The home is well managed, and effective processes ensure that the registered manager maintains oversight of the various off-site accommodation used by the children. Two team leaders work closely with the registered manager and provide good levels of support to the care workers. Supervision for the staff is regular, and the records indicate that staff use this time to reflect on their practice, speak openly about any challenges they face and how they might develop their practice.

Overall, the systems for monitoring the quality of care being provided are effective. The registered manager reviews all serious incidents and identifies good practice and areas for development. A shortfall was identified in relation to the visits undertaken by the home's independent visitor. Over the last year, the independent visitor has rarely spoken to the children, and consultation with staff, parents and external professionals has been minimal. Consequently, the view of others is not informing the independent visitor's evaluation of how effectively the service is being delivered.

The registered manager's quality-of-care review reports detailed information and data, but does not always analyse how the care being delivered is impacting on the lives of the children.

Children arriving at the home are often in crisis or emergency situations. Despite this, every effort is made to obtain sufficient information prior to the child being admitted. This means children's needs, vulnerabilities and risks are known to the staff before they begin caring for them. Impact risk assessments clearly specify the child's vulnerabilities. However, how their behaviours might affect the other children is not always assessed. This is partly because most children entering the home will be cared for in solo placement accommodation.

The registered manager works effectively with external agencies, and he is a strong advocate for children whose needs are not being met. He has recently worked hard to ensure that a child with deteriorating mental health receives appropriate support from the local child and adolescent mental health service.

Training records show that staff keep up to date with their mandatory training, but records pertaining to additional training are not easily accessible. Consequently, it is

not always easy to determine which staff have completed training specific to a child's individual needs. The organisation is currently rolling out staff training on the model of care being delivered at the home, and there is clear evidence that this model is becoming embedded in practice. One senior care worker was able to give clear examples of how she had used the associated techniques to support a child over a personal and sensitive matter.

Generally, notifications of serious incidents are reported to the relevant agencies. However, the safeguarding incident referred to above, when a child made a complaint and allegation of abuse against staff, was not notified to Ofsted.

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>take effective action whenever there is a serious concern about a child's welfare. (Regulation 12 (1) (2)(a)(vi))</p> <p>This is with particular reference to ensuring that children's complaints about staff are investigated thoroughly and the designated officer is consulted when a child makes an allegation of abuse against a member of staff.</p>	18 October 2021
<p>The registered person must notify HMCI and each other relevant person without delay if—</p> <p>there is an allegation of abuse against the home or a person working there. (Regulation 40 (4)(c))</p>	18 October 2021
<p>The registered person must ensure that an independent person visits the children's home at least once each month.</p> <p>When the independent person is carrying out a visit, the registered person must help the independent person—</p> <p>if they consent, to interview in private such of the children, their parents, relatives and persons working at the home as the independent person requires. (Regulation 44 (1) (2)(a))</p> <p>This is with particular reference to ensuring the independent person consults children, staff, parents and relevant professionals as part of the visit process.</p>	18 October 2021

Recommendations

- The registered person should ensure that the home provides a homely and domestic environment. In particular, ensure the home is well furnished, decorated and maintained. ('Guide to the children's homes regulations including the quality standards', page 15, paragraph 3.9)
- The registered person should ensure that each child is provided with support (appropriate to their age and understanding) to communicate their views, wishes and feelings, and to participate as fully as possible in all aspects of their care planning and daily care. Specifically, ensure that children can easily access the home's independent listener, an advocacy service or the complaints procedure without having to consult staff first. ('Guide to the children's homes regulations including the quality standards', page 22, paragraph 4.6)
- The registered person should ensure that where there are safeguarding concerns for a child, their placement plan, agreed between the home and their placing authority, must include details of the steps the home will take to manage any assessed risks on a day-to-day basis. ('Guide to the children's homes regulations including the quality standards', page 42, paragraph 9.5)
- The registered person should ensure that the workforce plan is updated to include any new training and qualifications completed by staff while working at the home, and is used to record the ongoing training and continuing professional development needs of staff, including the home's manager. ('Guide to the children's homes regulations including the quality standards', page 53, paragraph 10.8)
- The registered person should ensure that all staff consistently follow the home's policies and procedures for the benefit of the children in the home's care. This is with particular reference to minimising the potential for children to access staff members' personal items or the home's electronic recording system. ('Guide to the children's homes regulations including the quality standards', page 54, paragraph 10.20)
- The registered person should ensure that quality-of-care reviews focus on the quality of the care provided by the home, the experiences of children living there and the impact the care is having on outcomes and improvements for the children. Specifically, ensure that the information included in the review is analysed to determine how the children are benefiting, or not, from the care they are receiving. ('Guide to the children's homes regulations including the quality standards', page 64, paragraph 15.2)

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: 1246449

Provision sub-type: Children's home

Registered provider: New Forest Care

Registered provider address: New Forest Care Ltd, West Shore House, West Street, Hythe, Southampton, Hampshire SO45 6AA

Responsible individual: David Carter

Registered manager: Marcus Lange

Inspector

Stephen Collett, Social Care Inspector

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