

# SC396813

Registered provider: Chailey Heritage Foundation

Full inspection

Inspected under the social care common inspection framework

## Information about this children's home

The setting is owned by a charity and is registered to accommodate up to 27 children who have profound physical disabilities, sensory impairments and complex medical needs, including, in some cases, learning disabilities. On site is a non-maintained special school catering for children and young people aged three to 19 years. Adults receive residential care in Care Quality Commission-registered homes on the same site. A team of nurses, therapists and specialists, provided by Sussex Community Foundation Trust, is also based on site and provides medical support.

There is no registered manager at this home. The post has been vacant since 19 June 2021.

Due to COVID-19 (coronavirus), at the request of the Secretary of State, we suspended all routine inspections of social care providers on 17 March 2020.

We last visited this setting on 14 September 2020 to carry out an assurance visit. The report is published on the Ofsted website.

### Inspection dates: 21 and 22 September 2021

**Overall experiences and progress of children and young people, taking into account**      **good**

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

The effectiveness of leaders and managers      good

The children's home provides effective services that meet the requirements for good.

**Date of last inspection:** 13 August 2019

**Overall judgement at last inspection:** good

**Enforcement action since last inspection:** none

## Recent inspection history

<b>Inspection date</b>	<b>Inspection type</b>	<b>Inspection judgement</b>
13/08/2019	Full	Good
30/10/2018	Full	Good
01/11/2017	Full	Good
01/03/2017	Interim	Sustained effectiveness

## Inspection judgements

### **Overall experiences and progress of children and young people: good**

The staff know the children extremely well and are committed to meeting their individual complex needs. The staff are familiar with each child's method of communication and a variety of communication aids are easily accessible to the children. The staff were observed to be intuitive, and alert and they respond quickly to children who require support. Trusting relationships are developed with the children, in many cases over several years.

The children make choices commensurate with their understanding and ability. These include things such as activities, meals and how their bedrooms are furnished. The children's bedrooms are exceptionally well decorated and maintained and reflect the children's individual personalities.

The children have excellent access to a range of healthcare professionals, and this ensures that, overall, their complex health needs are met effectively. One social worker commented upon the significant progress a child has made in recovering from a serious medical condition since being admitted to the home.

Despite this good practice, some avoidable mistakes have been made in relation to meeting children's health needs. These include a child receiving the wrong feed and a delay in accessing a post-operative medical intervention for a child. These shortfalls have been thoroughly investigated by the management team.

There have been some errors in the recording and administration of medication. The proportion of errors in relation to the number of medications administered is low. However, one medication error had potentially harmful consequences for one child. This matter has also been thoroughly investigated and appropriate actions have been taken to ensure the staff concerned are retrained and monitored. There is a strong management response focused on improving systems, but these have yet to become fully embedded in practice.

All the children are receiving education at the organisation's on-site school. Appropriate arrangements were put in place during the COVID-19 restrictions to ensure minimal disruption to the children's educational provision. This commitment to delivering education and learning means that most of the children develop their life skills and communication skills to varying degrees. This results in them gaining greater levels of independence.

Staff provide the children with the opportunity to engage in many on-site recreational activities. There are excellent facilities for children to have fun, learn new skills and enable them to become more mobile. Off-site activities were limited during the COVID-19 restrictions, but creative alternatives, such as inviting children's entertainers to the site, ensured the children were kept occupied and stimulated.

The managers and staff are strong advocates for children with complex needs. The children are always treated with dignity and respect and a sensitive approach is taken to meeting their needs. For example, great care is taken to prepare treatment and massage rooms so that the children's privacy is maintained, and children's preferences regarding meal-time arrangements are respected.

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

Practice relating to the safety and protection of children has not been consistently strong. This has placed a minority of children at risk of harm. One child received injuries when being physically hoisted and one child has physically harmed another. As a result of one of the medication errors referred to earlier in this report, the well-being of the child was compromised. These shortfalls can be attributed to staff not always following the strategies specified in children's plans and risk assessments.

The quality of children's plans and risk assessments is generally good, and they are kept under regular review. However, this good practice has been undermined by some staff who have made mistakes that could have been avoided if the associated strategies had been followed.

There has been a strong management response to investigating these shortfalls in practice and actions have been identified to avoid similar occurrences taking place. At the time of this inspection, these actions were just becoming embedded in practice and therefore it is too early to fully assess the effectiveness of the measures.

The staff are knowledgeable regarding the specific needs of each child. They form positive relationships with the children, who were observed to be happy and content in their company. The staff were also seen to demonstrate curiosity and compassion if a child became distressed. This approach ensures trusting relationships are formed and this a strong protective factor for the children.

Children's individual behaviour support plans are detailed, and they provide clear guidance for staff to follow. Consequently, there are effective responses when a child's behaviour could become unsafe. For example, prompt and effective action is taken when a child demonstrates self-harming behaviours.

There have been no physical restraints of children since Ofsted conducted an assurance visit to the home in September 2020. Senior managers have taken action to meet the requirement made at this assurance visit, in respect of improving recording systems for any physical interventions that may occur in the future. This work is ongoing.

The staff are familiar with the actions they need to take if they have concerns for a child's welfare. The whistle-blowing procedure is well established and on one

occasion was put to effective use. This ensured the potential for the children to be exposed to poor staff practice was avoided.

The managers work effectively with external safeguarding agencies and generally maintain an effective working relationship with the designated officer. However, on one occasion, there was a failure to consult the designated officer regarding concerns about a member of staff's practice.

There are strong systems in place to minimise the potential for unsuitable adults to be employed. The safety of children is prioritised throughout the staff recruitment process.

### **The effectiveness of leaders and managers: good**

A new manager has been recruited and has recently taken up his post. The interim management arrangements have ensured continuity of leadership. The director of operations has good oversight and understands the strengths and weaknesses of the home.

There are effective systems for monitoring the quality of care being provided. A comprehensive internal audit of practice has recently been undertaken and this provided an open and honest analysis of the strengths and weaknesses of the home. Senior managers demonstrate a commitment to improving practice and addressing the identified shortfalls.

The system for monitoring the administration and recording of medication has been updated and improved. This has been in response to the recent medication errors and indicates that senior managers are open to learning from mistakes and driving forward improvements. There is good management oversight of serious incidents and the associated internal investigations are focused and thorough.

In recent months, leaders and managers have struggled to maintain a full complement of care staff. This has placed additional pressure on the staff team, and some staff report that they have felt 'stretched' in terms of meeting their care responsibilities. This situation has been exacerbated by the demands of keeping the children safe and occupied during the COVID-19 restrictions. Many staff have worked tirelessly to ensure continuity of care for the children and their efforts have been recognised by the management team.

At times, managers have had to reduce the capacity of the short-breaks service because of the staffing situation. This has had a negative impact on some of the children and families who rely on this service.

Managers in the organisation have made strenuous efforts to address the staff shortage. New and creative ways of recruiting suitable staff have recently been implemented.

Children's plans are detailed and clearly identify how their needs will be met on a day-to-day basis. The plans benefit from having multi-disciplinary input, as this ensures the holistic and complex needs of the child are considered. The plans identify developmental targets for the child, but these sometimes lack clarity, and progress towards meeting the target is often not recorded.

The staff speak positively about the level of training they receive. Individual training needs are always reviewed during staff supervision meetings. The staff spoken to at this inspection were clear about the level of responsibility that has been delegated to them, and this is partly attributable to the standard of training being delivered.

The frequency of formal supervision of staff was raised as a recommendation at the previous inspection. Supervision practice remains variable for staff, with some staff receiving regular support, and others not. As a result, the recommendation is repeated. A previous requirement to keep the statement of purpose up to date has been met.

## 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 health and well-being standard is that—</p> <p>the health and well-being needs of children are met. (Regulation 10 (1)(a))</p> <p>This is with particular reference to ensuring children receive the food specific to their needs and that all necessary steps are taken to avoid delay in children receiving medical treatment.</p>	5 November 2021
<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 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. (Regulation 12 (1) (2)(b))</p> <p>This is with particular reference to ensuring that the strategies for keeping children safe, as specified in their plans, are implemented in practice.</p>	5 November 2021
<p>The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children's home.</p> <p>In particular the registered person must ensure that—</p> <p>medicine which is prescribed for a child is administered as prescribed to the child for whom it is prescribed and to no other child. (Regulation 23 (1) (2)(b))</p>	5 November 2021
<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>	5 November 2021

<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>ensure that the home has sufficient staff to provide care for each child. (Regulation 13 (1)(a)(b) (2)(d))</p>	
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## Recommendations

- The registered person should ensure that staff seek to identify and provide appropriate opportunities for children to develop themselves in accordance with their wishes and feelings and as part of the home’s plan for their care. In particular, ensure that any targets set in relation to a child’s development are clearly defined and progress is monitored. (‘Guide to the children’s homes regulations including the quality standards’, page 31, paragraph 6.4)
- The registered person should seek to involve the local authority and other relevant persons, including the designated officer, whenever there is a serious concern about a child’s welfare. (‘Guide to the children’s homes regulations including the quality standards’, page 42, paragraph 9.4)
- The registered person should have a system in place so that all staff, including the manager, receive supervision of their practice from an appropriately qualified and experienced professional, which allows them to reflect on their practice and the needs of the children assigned to their care. (‘Guide to the children’s homes regulations including the quality standards’, page 61, paragraph 13.2) This recommendation was made at the last inspection and is restated.

## 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:** SC396813

**Provision sub-type:** Residential special school

**Registered provider:** Chailey Heritage Foundation

**Responsible individual:** Jackie Hall

**Registered manager:** Post vacant

## Inspectors

Stephen Collett, Social Care Inspector

Paul Taylor, Social Care Inspector

Kelly Monniot, Social Care Inspector

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