

SC068559

Registered provider: PJL Healthcare Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is privately owned and is registered to provide care for up to 16 children with learning disabilities. It provides long-term and short-break care.

The manager has been registered with Ofsted since July 2020.

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 10 February 2021 to carry out a monitoring visit. The report is published on the Ofsted website.

The short-breaks provision is currently closed to manage the risk of COVID-19.

Inspection dates: 14 to 15 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	good
The effectiveness of leaders and managers	requires improvement to be good

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

Date of last inspection: 19 November 2019

Overall judgement at last inspection: outstanding

Enforcement action since last inspection: none



Recent inspection history

Inspection date	Inspection type	Inspection judgement
19/11/2019	Full	Outstanding
04/12/2018	Full	Outstanding
30/01/2018	Full	Good
06/03/2017	Interim	Improved effectiveness



Inspection judgements

Overall experiences and progress of children and young people: good

Children make good progress. They join in activities with other children from a starting point of avoidance. They develop their independence skills, such as being able to cut up their dinner. They develop their physical abilities, such as being able to use their weaker hand or walk unaided.

Children, including those with severe communication difficulties, have a voice. Staff observe behaviour and listen to what the children are communicating. Staff ensure that children have access to an advocate who is skilled in using communication tools. This resulted in a child being able to move to a different house on the same site. In one case, the local authority's record of a child's statutory review did not include the views of a child with severe communication difficulties.

Staff support children in their education. They consider the whole education experience from the perspective of the child, including the travel to and from school. The registered manager challenges others when the standards fall below his expectations. This has meant a much more comfortable journey to school for one child, so they are ready to learn. The registered manager advocates for children without a school place.

The events coordinator does a splendid job arranging meaningful and structured activities for children. Children enjoy a range of activities on site, such as 'pin the tail on the Easter Bunny', swimming and cycling. Children also access the wider community, such as going to theme parks, an activity once thought unlikely to achieve. A professional said: 'I love that they seek a wide range of experiences and activities and therapeutic support for the children. They are keen to create the best environments for them, enriching these where appropriate, especially from a sensorial perspective.' A placing social worker said: 'The children are given opportunities to go out and access community activities which are unparalleled among the other homes with which I work.'

Children can see and communicate with those who are important to them, such as their family and friends. Staff support any arrangements in place, as agreed with the placing social worker, to make the experience positive for all. A parent said: 'My child loves being in the home. He is settled and I speak to him every day.'

Staff treat children with a dignified and sensitive approach, for example when supporting the children's personal care or helping them to dress. This means that children feel clean and comfortable. The registered manager successfully challenged an external activity centre whose staff did not treat a child with the same level of care. This resulted in the child doing their chosen activity while being treated with dignity and respect.



Children are in good health. They develop confidence to attend routine health appointments and let health professionals assess their needs. Staff have arrangements in place for medication such as a good parent would make, but with additional safeguards. In some cases, these additional measures are not applied in practice. The opportunities to minimise the risk of a medication error are therefore not always fully taken.

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

Safeguarding practice is good. Safeguarding leads act on any issues or concerns in conjunction with external safeguarding agencies. They keep detailed records of the actions taken, and ensure that issues are concluded with staff and children alike. This practice reduces the risk of harm. Children trust the adults around them to keep them safe.

Staff demonstrate a thorough knowledge of their safeguarding responsibilities. They are diligent in their approach, confident to challenge the practice of their peers, if necessary. For example, one staff member appropriately questioned the accuracy of an incident report and followed due process to ensure that children were kept safe.

The staff's approach to behaviour management is good. Staff who are trained in the home's chosen behaviour management programme apply it in practice. They keep good records that clearly evidence the de-escalation that has been attempted before any physical intervention. Senior leaders ensure that there is a debrief to assess incidents and prevent recurrence.

Staff are not risk-averse and are determined that children have the same opportunities as their peers. For example, children can access the internet and play online games while staff use appropriate safeguards.

The registered manager is meticulous in managing child protection issues. He understands the necessity of sharing important information with other professionals and seeking advice. He demonstrates a good approach in holding staff to account and helping staff rebuild relationships with children if necessary.

Senior leaders have commissioned independent professionals to advise on fire safety and legionella management. Although leaders have some plans in place, they have not ensured that the professional advice has been carried out within the recommended time frame. Internal professionals have advised on some other aspects of health and safety. Senior leaders have not acted on their recommendations. Consequently, some avoidable hazards remain.

The registered manager agreed a protocol with other external safeguarding professionals for a child who has a history of making allegations about staff. However, he has not formally documented this agreement. This omission presents a risk that others may not understand their role in following the strategy in the absence of the registered manager.



The registered manager understands safer recruitment practice, but in one case, he has not fully checked the reasons for a staff member leaving employment that involved working with children. This weakens the process of protecting children from potentially unsafe adults.

The effectiveness of leaders and managers: requires improvement to be good

More than half of the staff team holds the required care qualification. For the remaining staff, senior leaders provided conflicting information about how many of these staff are completing this. They do not keep track of the progress that staff are making towards completing their course. Not all staff have up-to-date training in the specific needs of each child, with no clear plans for refresher courses. The registered manager lists the experience and qualifications of managers in the statement of purpose. He does not include details of staff. It is unclear when children will be cared for by a staff team with the required qualification and all the necessary up-to-date training.

At the monitoring visit in February 2021, Ofsted recommended that records of restraint are reviewed to identify effective practice and to respond promptly where any issues or trends of concern emerge. Action has been taken in response to this recommendation, currently for two children identified as the most in need of closer monitoring, and work has commenced with a behaviour therapist. This new process is not yet established and embedded for all of the children. In addition, body maps for one child who regularly self-harms confuse new injuries with old marks. Despite the considerable efforts of leaders to consult with other agencies and to gain additional support for the child, the absence of an effective method to monitor the child's self-injurious behaviour limits the possibility to review trends and make improvements.

Staff refer to individual placement plans to guide them on how to look after each child. In some cases, it is unclear how external assessments have informed the plans and if staff are following any updates. In one case, the registered manager has not followed the recommended strategies. He has not discussed this with the assessor or held the review meeting as agreed. He has not made some significant documents readily available to staff. In this example, the child's care is not effectively planned.

The independent visitor provides high-quality reports, identifying the pertinent issues and providing professional challenge. The registered manager welcomes this monitoring to drive forward continuous improvement. Equally, the registered manager submits the required six-monthly monitoring reports to Ofsted, ensuring that he identifies the action points for the forthcoming period. This is a senior leadership team that welcomes constructive criticism as it seeks to build further on its strengths and to address any weaknesses.

The registered manager has a comprehensive referral and assessment process to gain all the relevant information prior to each child coming to live in the home. He



ensures that staff have time to read each plan. He puts the child at the centre of practice, producing social stories to help children understand that they are coming to live in the home. Children already living there exchange letters and learn about common interests prior to children moving in. The approach is successful. Children benefit from a smooth move into the home. One parent said that her child is in the right place with the right support. She commented that she could not fault the staff as her child has made such good progress in the short time living in the home.

Senior leaders were determined to minimise disruption during the pandemic. Staff recognised the confusion and additional stress on children whose routines had been disrupted. They demonstrate an emotional intelligence to minimise the impact on children, keeping as much structure for them as possible in the difficult circumstances caused by COVID-19.

The home is characterised by supportive managers who have a clear strategy to achieve the best for the children in their care. A staff member said that senior leaders provide opportunities for the children to excel and develop. Overall, staff work together to deliver good care, so that children make good progress.



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
The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children's home that—	30 November 2021
helps children aspire to fulfil their potential and promotes their welfare.	
In particular, the standard in paragraph (1) requires the registered person to—	
ensure that staff have the experience, qualifications and skills to meet the needs of each child; and	
use monitoring and review systems to make continuous improvements in the quality of care provided in the home.	
(Regulation 13 (1)(a)(b) (2)(c)(h))	
The protection of children standard is that children are protected from harm and enabled to keep themselves safe.	30 November 2021
In particular, the standard in paragraph (1) requires the registered person to ensure that staff—	
understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person; and	
that the premises used for the purposes of the home are designed, furnished and maintained so as to protect each child from avoidable hazards to the child's health.	
(Regulation 12 (1) (2)(a)(v)(d))	
The care planning standard is that children receive effectively planned care in or through the children's home and have a positive experience of arriving at or moving on from the home.	30 November 2021



In particular, the standard in paragraph (1) requires the registered person to ensure—	
that each child's relevant plans are followed.	
(Regulation 14 (1)(a) (2)(c))	
The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children's home.	30 November 2021
In particular, the registered person must ensure that—	
medicines kept in the home are stored in a secure place so as to prevent any child from having unsupervised access to them; and	
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)(a)(b))	

Recommendations

- The responsible person should develop and keep under review a 'statement of purpose' (regulation 16 and schedule 1). In particular, include the details of the experience and qualifications of staff. ('Guide to the children's homes regulations including the quality standards', paragraph 3.5, page 14)
- The responsible person should ensure that staff adopt the principle of listening to the child and taking their views, wishes and feelings into account when planning and undertaking their care, including disabled children, special educational needs or other complex needs. This applies especially to the voice of all children at their statutory reviews. ('Guide to the children's homes regulations including the quality standards', paragraph 4.5, page 21)
- The registered person should (as set out in regulations 31–33), adopt and maintain good employment practice. They must ensure that recruitment, supervision and performance management of staff safeguards children and minimises potential risks to them. In particular, if a person has previously worked in a position involving work with children or vulnerable adults, verify so far as reasonably practicable the reason why the employment or position ended. ('Guide to the children's homes regulations including the quality standards', paragraph 13.1, page 61)



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: SC068559

Provision sub-type: Children's home

Registered provider: PJL Healthcare Limited

Responsible individual: Paul Sellars

Registered manager: Oliver White

Inspectors

Keith Riley, Social Care Inspector Sara Stoker, Social Care Inspector



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