

SC389823

Registered provider: Courtyard Care Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

A private company owns this home. The home is registered to provide care for up to five children who may have a wide range of mental health disorders, including learning disability.

There registered manager resigned in July 2021. There is currently no registered manager in post.

Due to COVID-19, at the request of the Secretary of State, we suspended all routine inspections of social care providers carried out under the social care common inspection framework (SCCIF) on 17 March 2020. We returned to routine SCCIF inspections on 12 April 2021.

Inspection dates: 19 and 20 October 2021

Overall experiences and progress of children and young people, taking into account	requires improvement to be good
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How well children and young people are helped and protected	requires improvement to be good
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The effectiveness of leaders and managers	requires improvement to be good
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The children's home is not yet delivering good help and care for children and young people. However, there are no serious or widespread failures that result in their welfare not being safeguarded or promoted.

Date of last inspection: 12 February 2020

Overall judgement at last inspection: outstanding

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
12/02/2020	Full	Outstanding
12/06/2018	Full	Good
14/12/2017	Full	Good
16/03/2017	Interim	Improved effectiveness

Inspection judgements

Overall experiences and progress of children and young people: requires improvement to be good

Since the last inspection, there has been a decline in the quality of care provided to children. This has resulted in the overall experiences and progress of children being judged as requires improvement to be good.

The home maintains a high standard of decor throughout. This provides a calm, peaceful and nurturing environment for children to live. Children can style their bedrooms to their choosing. However, the upkeep and cleanliness of children's bedrooms are poor. It is important for children who engage in self-injurious behaviour to have clean and tidy spaces that are free from any potential hazards. Staff encourage children to keep their personal spaces clean. However, this is unrealistic for those children who struggle to manage their self-care.

The quality of relationships with key professionals is good. However, a lack of early intervention and clear communication between mental health professionals has negatively affected the quality of care provided to one child. This child has made little progress with her mental and emotional health, which has resulted in an outcome of hospital admission for further assessment.

Two children were spoken to during the inspection. Both reported that they do not feel listened to, and one child said that there has been a decline in care due to management changes. Staff acknowledge that the sudden resignation of the previous manager has had a negative effect on everyone. Children have an opportunity to express their wishes and feelings through house meetings and feedback forms. These are utilised well. Children are listened to, and fractious peer relationships are quickly repaired. Conflict between children is resolved.

All children are encouraged to attend a suitable education provision. Some children have completed college, achieved qualifications and progressed to employment. For children who have been out of education for some time, planning around the suitability of the education provision is required to ensure that it is realistic to maintain. This is important for children who attend education some distance away and want time with their friends after school.

Children's health needs are met. Updated health plans and access to primary care services are available to all children. Children are supported with smoking cessation, via the children looked after nurse, and are encouraged to engage with therapy and their mental health practitioners.

Children are supported with detailed transition plans. Children have an opportunity to explore all their options before they move on. Staff provide a good level of input to ensure that detailed planning leads to successful and positive moves for children

towards independence. Exploring personal journeys through life-story work ensures that children have a good understanding of their backgrounds and life experiences.

When it is appropriate, children are encouraged to have family time. Some children have progressed to overnight stays with family and friends, which ensures that positive family engagement is strengthened.

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

Risk assessments and behaviour support plans are detailed. For one child, delays in effective multi-agency care planning meetings and clear communication between the home and mental health professionals have resulted in significant delay in the completion of important mental health assessments. Consequently, staff have not had a clear plan of action or a treatment plan to support this child.

Staff ensure that the home's internet is deactivated at night. However, children have access to the internet through their personal mobile devices. There is insufficient monitoring of personal devices to ensure that children are not at risk of exploitation, or that staff have assurances that children are only accessing age-appropriate websites.

Missing-from-care protocols are followed by staff. Key professionals are notified when children are missing from the home. Staff do not routinely go out at night to collect children if they wish to return home due to the possibility of placing themselves at risk. However, missing-from-care plans do not fully assess individual risk. For example, a child with mental health concerns walked home in the early hours of the morning alone. Staff remained on the telephone and guided the child back home. The journey took this child 45 minutes to walk back in adverse weather conditions, which therefore increased her vulnerability and risk.

There is evidence that window locks are insufficient to ensure that the home is suitably secure and safe, and that window restrictors are within the guidance to ensure safety in the home. Consequently, a child climbed through the lounge window and went missing at night. Appropriate window locks were fitted immediately during the inspection. A blanket approach of not engaging children in 'deep' conversations when they are unsettled at night is a missed opportunity to listen to the child, which may prevent a child going missing.

Notification of serious incidents to Ofsted should be assessed case by case, based on the individual child and the risks associated with each child and their care plan. During the inspection, the inspector was not notified of a serious incident that occurred on the first day of the inspection.

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

Changes in management, and the sudden departure of the previous registered manager, have had a direct impact on staff and children. Currently, the home does not have a registered manager. The recently appointed interim manager is an experienced manager who is currently managing another home operated by the same provider.

Discussions are in progress to outline the new management structure. The day-to-day running of the home is the responsibility of senior staff. Staff in senior roles are currently reluctant to take on more responsibility and may need further training and development to increase their confidence.

The interim manager has introduced new monitoring tools and internal systems to ensure effective case tracking that outlines children's progress. Differences in management styles have called for a multi-agency medication review to ensure that children are safe to self-administer their own medication. Multi-agency partnerships with mental health services require improvement to ensure that there is clear and effective communication. A breakdown in communication between the home and the child and adolescent mental health services has led to one child, who has mental health concerns, requiring an urgent mental health assessment.

Staff are committed and knowledgeable. Comprehensive training is completed by staff that provides them with a good understanding of the complexities of children in their care. Staff have a warm and nurturing approach towards children. However, the lack of a consistent approach that includes routine and boundaries has negatively affected the quality of care provided to children.

Staff undertake regular supervision sessions. However, these are not reflective. Reflective supervision is important for staff to ensure that they can explore emotions associated with complex cases to help improve their practice.

External monitoring of the service is provided by an independent visitor. Views gathered from children, parents and professionals are inconsistent. Consistency would help to ensure that there is a balanced overview of the home. Internal monitoring systems are in place and are in a phase of redesign by the interim manager.

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, the 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 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 the home's workforce provides continuity of care to 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 by the home. (Regulation 13 (1)(a)(b) (2)(a)(e)(f))</p>	31 December 2021
<p>The registered provider must appoint a person to manage the children's home if—</p> <p>there is no registered manager in respect of the home; and</p> <p>the registered provider—</p> <p>is an organisation or a partnership;</p> <p>does not satisfy regulation 28; or</p> <p>is not, or does not intend to be, in day-to-day charge of the home.</p>	31 December 2021

<p>If the registered provider appoints a person to manage the home, the registered provider must, without delay, give HMCI notice of—</p> <p>the name of the person so appointed; and</p> <p>the date on which the appointment takes effect. (Regulation 27 (1)(a)(b)(i)(ii)(iii) (2)(a)(b))</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>manage relationships between children to prevent them from harming each other;</p> <p>understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person;</p> <p>take effective action whenever there is a serious concern about a child’s welfare; and</p> <p>are familiar with, and act in accordance with, the home’s child protection policies;</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)(iv)(v)(vi)(vii)(b)(e))</p>	<p>31 December 2021</p>

<p>The care planning standard is that children—</p> <p>receive effectively planned care in or through the children’s home; and</p> <p>have a positive experience of arriving at or moving on from the 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>that each child’s relevant plans are followed;</p> <p>that the child’s pacing authority is contacted, and a review of that child’s relevant plans is requested, if—</p> <p>the registered person considers that the child is at risk of harm or has concerns that the care provided for the child is inadequate to meet the child’s needs. (Regulation 14 (1)(a)(b) (2)(a)(b)(ii)(c)(e)(i))</p>	<p>31 December 2021</p>
<p>The registered person must notify HMCI and each other relevant person without delay if—</p> <p>a child is involved in or subject to, or is suspected of being involved in or subject to, sexual exploitation;</p> <p>an incident requiring police involvement occurs in relation to a child which the registered person considers to be serious;</p> <p>there is an allegation of abuse against the home or a person working there;</p> <p>a child protection enquiry involving a child—</p> <p>is instigated; or</p>	<p>31 December 2021</p>

concludes (in which case, the notification must include the outcome of the child protection enquiry); or

there is any other incident relating to a child which the registered person considers to be serious.
(Regulation 40 (4)(a)(b)(c)(d)(i)(ii)(e))

Recommendations

- The registered person should ensure that placements for children are only accepted when they are satisfied that the home can respond effectively to the child's assessed needs as recorded in the child's relevant plans and where they have fully considered the impact that the placement will have on the existing group of children. ('Guide to the children's homes regulations including the quality standards', page 56, paragraph 11.4)
- The registered person should ensure that they actively seek independent scrutiny of the home and make best use of information from independent and internal monitoring (including under regulations 44 and 45) to ensure continuous improvement. They should be skilled in anticipating difficulties and reviewing incidents, such as learning from disruptions and placement breakdowns. They are responsible for proactively implementing lessons learned and sustaining good practice. ('Guide to the children's homes regulations including the quality standards', page 55, paragraph 10.24)

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: SC389823

Provision sub-type: Children's home

Registered provider: Courtyard Care Limited

Registered provider address: Siskin Drive, Middlemarch Business Park, Coventry
CV3 4FJ

Responsible individual: Gary Thompson

Registered manager: Post vacant

Inspector

Kamal Bhamra, Social Care Inspector

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