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Registered provider: Cove Care Residential Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is registered to provide care and accommodation for up to three children with complex mental health, emotional and/or behavioural needs.

The home is led by a registered manager who has been in post since August 2020.

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.

We last visited this setting on 3 November 2020 to carry out an assurance visit. The report is published on the Ofsted website.

Inspection dates: 3 and 4 November 2021

Overall experiences and progress of children and young people, taking into account **requires improvement to be good**

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

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

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: 11 February 2020

Overall judgement at last inspection: sustained effectiveness

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
11/02/2020	Interim	Sustained effectiveness
18/09/2019	Full	Requires improvement to be good
20/03/2019	Interim	Declined in effectiveness
30/07/2018	Full	Requires improvement to be good

Inspection judgements

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

Some aspects of the home environment are pleasant, with lounge areas being nicely furnished and the child told inspectors that she likes her bedroom. However, some aspects of the home require improvement. For example, the boiler does not always work effectively and this leaves children without consistent access to hot water. There is an external door which is not kept securely locked and can be opened from the outside. This has the potential to leave the property, children and staff vulnerable.

The support children receive to keep in touch with their families is not always good. On one occasion, managers and staff did not think creatively about how to enable a child to participate in a family event. This meant that the child missed out on an annual family barbeque.

The registered manager does not ensure that matching risk assessments fully consider the needs of new children alongside those already living at the home. A lack of detailed information and absence of strategies to help staff manage potential risks does not fully equip staff and promote children's welfare.

Children have not been consistently supported to manage the conflict between each other, which has led to incidents of name calling and aggression. At times this has led to children being upset and undermines their experience of living at the home.

Children have made some good progress in the home. For example, one child who was selectively mute started talking soon after they moved into the home. Another child returned to their family home after they made good progress and reduced incidents of self-injurious behaviour with the support from staff. This means that children are supported to understand some of their own needs and risks, and to identify ways to address these positively.

Staff ensure that children's education is promoted. Children attend school and staff explore alternatives for children who are excluded from school or have a reduced timetable. Consequently, children are supported with their education and staff think creatively when there are any barriers to learning.

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

Medication is not always managed well. For example, staff do not always order medication on repeat prescription in a timely way. On occasion, this meant a child had to go to school without having her medication. On another occasion a child managed to access the medication cupboard, which had been left unlocked by staff, and said they had taken an overdose of medication. Medical advice was sought

promptly. However, as a result, staff's complacency a child was exposed to the risk of harm. In addition, although staff record that children have been administered medication, they do not record the time that this has been done. This means it is not clear if medication is given in the timescale the advised by the prescriber.

Staff do not ensure that risk assessments consider the triggers for children's behaviour or identify early warning signs to reduce risks. This means that staff do not have information to help them to consistently support children to manage their emotions to reduce an escalation in incidents.

The registered manager does not ensure that sanctions and physical interventions of children are appropriately recorded. For example, debriefs undertaken with children and staff lack detail and are not always used as a reflective opportunity to learn more about what happened. Staff do not record a detailed description of physical interventions and this practice does not support effective monitoring of such incidents. Consequently, children are not supported to understand why a restraint or sanction has been used, and staff are not consistently given an opportunity to fully reflect and identify any learning opportunities from incidents that happen.

The registered manager has reviewed the home's location risk assessment. The mitigation of risk is not sufficiently detailed and local risks posed by neighbouring children's homes and the nearby bridge have not been included. As a result, the assessment of local risks to children is ineffective.

Children rarely go missing from home. When children do go missing, staff ensure that they take appropriate steps to ensure that they are safeguarded promptly. Staff follow the trigger plans for children. This means that children are quickly found and returned to the home.

Overall, the registered manager's response to allegations is good. The manager ensures that appropriate actions are taken to safeguard staff and children when allegations are made. There is good communication between the staff, social workers and designated officers. Good oversight and scrutiny of allegations help to protect children from harm.

Staff ensure that there is good communication with partner agencies when risks to children increase. For example, staff ensure that regular meetings with partner agencies are convened to discuss any emerging concerns and how to respond to these. This ensures that a joined-up approach is taken by all agencies to support children and to make them feel safer in their home.

The registered manager ensures that staff are safely recruited. This means that staff working with the children have been suitably checked to ensure that they do not pose any risks to children.

The effectiveness of leaders and managers requires improvement to be good

Staff are not suitably trained in areas that meet some children's specific needs. A professional and a child's family member have commented that not all staff have the relevant knowledge and experience. This lack of training in some areas has contributed to staff not supporting children's needs consistently well.

The home is not always suitably and sufficiently staffed. For example, there have been times when staff have not been able to take children to activities they enjoy because staff do not drive. On another occasion, the registered manager did not ensure that there was sufficient staff available to support a child commissioned for one-to-one staff support if they returned early from family time. This means that children are not consistently accessing staff support when they need this, and children are not able to always enjoy activities they like.

Staff write children's care plans in a child-friendly manner. This ensures that children understand them and that they are involved in creating their own plans. However, managers do not consistently request relevant documents in relation to children in a timely manner. For example, staff had not received minutes from an education meeting in relation to a child and this was not escalated with the school. As a result, children's care planning documents are not up to date and staff do not have access to up-to-date information about a child's progress.

The registered manager is reflective and transparent about areas of development within the home. The areas of strength identified need to be fully embedded to ensure that there is consistency in how the home is managed. The manager is ambitious for children and has plans to ensure that the ethos and values of the home are demonstrated by all staff.

Staff speak positively about working at the home. The registered manager is well regarded and he is nurturing towards staff. This means that staff work in an environment where they feel well supported. The registered manager ensures that staff receive regular supervision. There is effective support and challenge, and the registered manager ensures that all actions are reviewed. This means that poor practice is addressed effectively and that good practice is promoted.

The registered manager and the responsible individual ensure that they take proactive action when children are struggling to settle in the home. For example, they ensured that they escalated concerns with the placing local authority when they identified that the home was not suited to meet a child's needs. This enabled prompt decisions to be made to ensure that appropriate actions were taken for the child and other children in the home.

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 quality and purpose of care standard is that children receive care from staff who—</p> <p>understand the children’s home’s overall aims and the outcomes it seeks to achieve for children;</p> <p>use this understanding to deliver care that meets children’s needs and supports them to fulfil their potential.</p> <p>In particular, the standard in paragraph (1) requires the registered person to—</p> <p>ensure that staff—</p> <p>provide personalised care that meets each child’s needs, as recorded in the child’s relevant plans, taking account of the child’s background;</p> <p>provide to children living in the home the physical necessities they need in order to live there comfortably. (Regulation 6 (1)(a)(b) (2)(b)(iv)(vii))</p> <p>In particular, the registered manager should ensure that the children can access the home’s vehicle as agreed, ensure that any repairs and maintenance work are completed promptly, and ensure that family time is promoted.</p>	<p>23 December 2021</p>
<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>(Regulation 11 (1)(a)(b)(c))</p>	<p>23 December 2021</p>

<p>In particular, staff should ensure that they develop their skills to help children manage conflict with their peers.</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>In particular, the standard in paragraph (1) requires the registered person to—</p> <p>ensure that staff have the experience, qualifications and skills to meet the needs of each child;</p> <p>ensure that the home has sufficient staff to provide care for each child. (Regulation 13 (1) (2)(c)(d))</p> <p>In particular, the registered manager should ensure that staff have relevant training to meet the children’s needs and ensure that the home is appropriately staffed to meet the needs of the children.</p>	<p>23 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 each child’s relevant plans are followed;</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)(b) (2)(c)(d))</p> <p>In particular, the registered manager should ensure that matching risk assessments should consider all children in the home and ensure that family time is promoted in accordance with the child’s care plan.</p>	<p>23 December 2021</p>
<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>23 December 2021</p>

<p>medicines kept in the home are stored in a secure place so as to prevent any child from having unsupervised access to them;</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; and</p> <p>a record is kept of the administration of medicine to each child. (Regulation 23 (1) (2)(a)(b)(c))</p> <p>In particular, staff should ensure that medication is secured appropriately and that children are administered medication as prescribed.</p>	
<p>The registered person must ensure that—</p> <p>within 24 hours of the use of a measure of control, discipline or restraint in relation to a child in the home, a record is made which includes—</p> <p>the date, time and location of the use of the measure;</p> <p>a description of the measure and its duration;</p> <p>the effectiveness and any consequences of the use of the measure; and</p> <p>a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure;</p> <p>within 48 hours of the use of the measure, the registered person, or a person who is authorised by the registered person to do so ("the authorised person")—</p> <p>has spoken to the user about the measure; and</p> <p>has signed the record to confirm it is accurate; and</p> <p>within 5 days of the use of the measure, the registered person or the authorised person adds to the record confirmation that they have spoken to the child about the measure. (Regulation 35 (3)(a)(iii)(iv)(vii)(viii)(b)(i)(ii)(c))</p>	<p>23 December 2021</p>

In particular, the registered manager should ensure that the recording of physical restraints and sanctions meet regulation.	
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Recommendations

- The registered manager should ensure that the location risk assessment identifies any risks presented by the home's location and strategies for managing these. (Guide to children's homes regulations, including the quality standards, page 64, paragraph 15.1)
- The registered manager should ensure that documents relevant to the child are kept on their file and staff should evidence what actions they have taken to escalate concerns if these are not received in a timely manner. (Guide to children's homes regulations, including the quality standards, page 11, paragraph 2.3)

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: 1231311

Provision sub-type: Children's home

Registered provider: Cove Care Residential Limited

Registered provider address: 16 Waterloo Road, Wolverhampton, West Midlands
WV1 4BL

Responsible individual: Rachel Oliver

Registered manager: Godfred Summerville

Inspectors

Mazviita Makiyi, Social Care Inspector
Helen Malanaphy, Social Care Inspector

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