

SC031490

Registered provider: East Sussex County Council

Full inspection

Inspected under the social care common inspection framework

Information about this secure children's home

This secure children's home is operated by a local authority and is approved by the Secretary of State to restrict children's liberty. The home can accommodate up to seven children aged between 10 and 17. It provides for children accommodated under section 25 of the Children Act 1989, who are placed by local authorities.

There were two children living in the secure home at the time of this inspection.

Admission of any child who is under 13 years of age requires the approval of the Secretary of State, under section 25 of the Children Act 1989.

The commissioning of health services in this home is the statutory responsibility of NHS England under the Health and Social Care Act 2012. Education is provided on site in dedicated facilities.

The appointed home manager is in the process of applying to Ofsted to be registered.

We last visited this setting on 3 August 2021, to carry out an interim inspection.

Inspection dates: 14 to 16 December 2021

Overall experiences and progress of children and young people, taking into account	good
Children's education and learning	good
Children's health	good
How well children and young people are helped and protected	good
The effectiveness of leaders and managers	good

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

Date of last inspection: 3 August 2021

Overall judgement at last inspection: Sustained effectiveness

Enforcement action since last inspection: None

Recent inspection history

Inspection date	Inspection type	Inspection judgement
03/08/2021	Interim	Sustained effectiveness
25/02/2020	Full	Good
12/11/2019	Interim	Sustained effectiveness
12/03/2019	Interim	Improved effectiveness

Inspection judgements

Overall experiences and progress of children and young people: good

Children benefit from consistent and structured boundaries and good routines. They receive information about the home prior to moving in. This helps them to settle well. Children value their relationships with staff. One child said, 'I have not received love like this in a long time,' and another child commented, 'I really kick off less now.' A social worker commented that the progress achieved by one child has been 'transformative'.

Leaders and staff have ensured that children continue to make progress at the home, despite the ongoing challenges of the COVID-19 pandemic. Children have participated in education, activities in the community and family visits, subject to guidance and restrictions. Staff encourage children to pursue interests such as bicycle repairs, guitar lessons and cooking.

Staff have developed partnerships with community resources to ensure that children have opportunities to engage in interests and hobbies outside of the home. Activities are planned and are subject to individually tailored risk assessments. Children benefit from activities such as playing football for a local team, attending a gym and horse riding. These activities help to improve children's physical health, social skills and self-esteem. Children also have opportunities to learn about caring for animals, which supports them to develop a sense of responsibility.

Staff support children to maintain and celebrate their identity, cultural practices and religious beliefs. When relevant, staff ensure that information is translated, and interpreters are available for meetings and appointments. Staff act as good role models and support children to respect others.

Staff build positive relationships with parents and support them to repair and maintain relationships with children. They reinforce what works well during family visits. Parents said that staff have helped their child. 'You have introduced lifelong strategies and helped him embrace life again with confidence,' said one.

The voice of children is prioritised. Care plans and behaviour support plans clearly evidence the feedback of children on the effectiveness of the work being undertaken with them, such as planning for time away from the home. Children understand their plans and are motivated by them.

Staff advocate effectively for children. Specialist assessments are commissioned when necessary, to ensure that tailored support is provided to meet children's needs.

Children are able to move on from the home in a planned way. Staff ensure that children have visits and that they are familiar with the staff of the setting that they

are moving to. Staff remain in contact with the setting and the child after the child has moved.

Children's education and learning: good

Leaders and managers have designed a curriculum that is ambitious across all subject areas, tailored to children's needs. They offer children a broad range of options, including mathematics, English, science courses and vocational, creative, personal and social skills.

Tutors use children's starting points to identify developmental targets; they assess children's progress against the targets regularly. As a result, most children make good progress from their starting points. However, a small number of children with the most complex needs make slow progress in reading and writing and do not receive the specialist speech and language therapy support that they need to accelerate learning. When English is not a child's first language, they receive additional support and make excellent progress.

In practical subjects, such as cooking and woodcraft, teachers plan learning to help children to build their knowledge and skills over time. Children are helped to use equipment safely, and they start by making simple products. At the time of the inspection, they had made a range of cakes, biscuits and Christmas decorations for the Christmas fair. They were proud of the significant amount of money that they had raised for charity. These activities were helping children to gain a good understanding of the links between different parts of the curriculum.

Since 2020, staff have not received formal training on current good practice in planning and teaching the curriculum. In a minority of subjects, teachers do not break up the curriculum into manageable chunks or plan sufficient opportunities for children to repeat and practise skills so that the skills become automatic or easier to recall.

Teachers and managers make constructive links with the community. For example, one child has visited the local animal rescue charity and produced a presentation about the purpose of the service and how to look after the animals. Another child made a presentation about designing fitness sessions, based on information from a local business. Through these activities, children improve their understanding of employment possibilities, and learn how to collect and evaluate information and present it clearly for an audience.

Relationships between education, care and health staff are broadly positive and contribute to a supportive environment for children. However, children are not always ready for learning and this can have an impact on participation and attendance. Occasionally, a lack of clarity in roles means that poor behaviour in assembly is not challenged sufficiently.

During the restrictions imposed in response to the pandemic, children have not always received regular, impartial careers information, advice and guidance to help

them to understand their options for their next steps. Leaders have plans to reintroduce this important aspect of the curriculum.

Children's health: good

Sussex Partnership NHS Foundation Trust provides an integrated health and emotional well-being service in the home. Local providers are commissioned to deliver a GP service, a substance misuse service and a speech and language service. Children visit a local optician and dentist.

Children's health and well-being needs are reviewed promptly through comprehensive health assessments on arrival and throughout their stay. Healthcare staff identify unmet health needs and these are promptly addressed. Children also benefit from preventative health advice and monitoring. Children have improved sleep routines and diet and their health improves as a result of the care that they receive.

The healthcare staff have continued to provide safe care to the children throughout the COVID-19 pandemic. While external visits have been restricted, the use of remote consultation has enabled children to continue to receive the full range of services that they need.

The 'Secure Stairs' integrated care model is well embedded in the home. Regular formulation meetings take place. Children contribute, both directly and indirectly. Their emotional and mental health needs are carefully assessed and they receive personalised therapy, enabling them to experience improving mental health and well-being.

Care staff are trained to administer medicines to children in the home. However, systems are not in place for staff to undertake a medicines competency assessment. This has not had any adverse impact on children, and a plan for training staff across the service is in place for early in the new year.

The children told us that they were happy with the care that they received from healthcare staff, and written feedback also confirmed that they valued the support.

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

The safeguarding of children is given a high priority. All incidents are considered as safeguarding incidents and a lessons learned exercise is undertaken after each one.

Children understand and respond to the rewards system. Goals and targets are achievable and realistic, making it easier for the children to see the progress that they are making. Children learn to apologise after incidents. Levels of good behaviour are improving. Children learn to recognise triggers for disruptive behaviours. Key work supports children to understand and develop prosocial skills.

Physical restraint is used in line with regulations. Incidents are responded to in a proportionate, caring and patient manner. Managers' monitoring of physical restraints is of a consistently high standard and frequently includes external, independent oversight. The outcomes of learning from incidents of physical restraint are applied to children's plans, staff development and performance management.

When single separation is used, regular checks are undertaken on children in line with their risk assessments. Actions taken to re-engage the child and end the separation as soon as possible are well recorded.

Inspectors found one incident of single separation where the criteria for the continued use of the measure were no longer met. This occurred due to a short delay in the periodic assessment of the ongoing incident. This was addressed as soon as managers were alerted. The child did not raise any concerns about the delay. Managers reviewed this with staff concerned so that there was learning to prevent reoccurrence. The manager is arranging refresher training for staff about the use of single separation.

Conflict resolution between children is not always effective and does not support them to develop positive relationships with their peers.

Not all records are filed consistently or are readily available. For example, a child's 'live' file did not contain all up-to-date risk assessments. In addition, some risk assessments and some plans had conflicting information about the level of risk. While this has not had an impact on the safe care of children, there is the potential for staff to be relying on inaccurate information.

The effectiveness of leaders and managers: good

The manager is experienced and has a relevant qualification. He has a proven track record as an effective leader. He is a hands-on manager; he knows each child's needs and models effective practice and interventions.

Managers are proactive in advocating for children if they are concerned about decisions or delays in planning services for children. They have been effective in influencing decisions and ensuring more timely plans for children. They have systems in place to ensure that they understand the progress that children are making. They also identify when progress is too slow, and they target interventions accordingly.

There has been some impact on staff morale and staff retention in the past year from a combination of children with extremely complex needs and the effect of the COVID-19 pandemic on staff absence and recruitment. Staff are responding positively to the approach of, and changes implemented by, the current manager. Staff morale has improved.

The management team has developed recruitment and induction processes to support effective recruitment and staff retention. The impact of staff turnover does

mean that a relatively high number of staff are undertaking a qualification. Managers work closely with the assessors to track and support staff to achieve a qualification in a timely way.

Staff benefit from training and development. They also have regular supervision. The health and well-being of staff are sensitively addressed in every supervision meeting. Managers know the strengths and weaknesses of the service; they use performance management processes well.

The manager and management team are ambitious and aspirational for the children and the staff. There is a comprehensive development plan for the team and the service. The manager is targeting training and resources to develop the quality of direct work with children.

Improving practice to support the progress of children is at the centre of the effective partnership working between education, health and social care leads. They contribute to reflective practice meetings and work together to effect positive change for children.

What does the secure children's home need to do to improve?

Recommendations

- Children in secure children's homes should only be placed in single separation when necessary to prevent injury to any person (including for example, the child who is being restrained) or to prevent serious damage to the property of any person (including the child who is being restrained). Specifically, the registered person should ensure that staff's understanding of the legal criteria for single separation is refreshed and kept up to date. ('Guide to the children's homes regulations, including the quality standards', page 50, paragraph 9.65)
- The registered person should ensure that each child's 'live' file contains all relevant documents, including risk assessments, behaviour support plans and safety plans. Furthermore, the information should be consistent across all of the records. ('Guide to the children's homes regulations, including the quality standards', page 62, paragraph 14.3)
- The ethos of the home should support each child to learn. In particular, leaders should ensure that children with complex learning needs receive the specialist speech and language therapy support that they require to make even better progress. The registered person should also provide teachers with training on effective curriculum planning and teaching, in line with current research, so that all children learn equally well across all subjects. ('Guide to the children's homes regulations, including the quality standards', page 29, paragraph 5.18)

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'.

Secure children's home details

Unique reference number: SC031490

Provision sub-type: Secure unit

Registered provider: East Sussex County Council

Registered provider address: County Hall, St Anne's Crescent, Lewes, East Sussex BN7 1UE

Responsible individual: Elizabeth Rugg

Registered manager: Post vacant

Inspectors

Cathey Moriarty, Social Care Inspector

Barnaby Dowell, Social Care Inspector

Paul Scott, Social Care Inspector

Martin Ward, HMI Further Education and Skills

Helen Lloyd, Health and Justice Inspector, Care Quality Commission

The Office for Standards in Education, Children's Services and Skills (Ofsted) regulates and inspects to achieve excellence in the care of children and young people, and in education and skills for learners of all ages. It regulates and inspects childcare and children's social care, and inspects the Children and Family Court Advisory and Support Service (Cafcass), schools, colleges, initial teacher training, further education and skills, adult and community learning, and education and training in prisons and other secure establishments. It assesses council children's services, and inspects services for children looked after, safeguarding and child protection.

If you would like a copy of this document in a different format, such as large print or Braille, please telephone 0300 123 1231, or email enquiries@ofsted.gov.uk.

You may reuse this information (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit www.nationalarchives.gov.uk/doc/open-government-licence, write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

This publication is available at <http://reports.ofsted.gov.uk/>.

Interested in our work? You can subscribe to our monthly newsletter for more information and updates: <http://eepurl.com/iTrDn>.

Piccadilly Gate
Store Street
Manchester
M1 2WD

T: 0300 123 1231
Textphone: 0161 618 8524
E: enquiries@ofsted.gov.uk
W: www.gov.uk/ofsted

© Crown copyright 2021