

1226757

Registered provider: Potton Homes Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This privately owned children's home provides long-term care for up to three children with a diagnosed learning disability.

The registered manager left in May 2021. There is a new manager in post who has applied to register with Ofsted.

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 home on 5 February 2021 to carry out a monitoring visit. The report is published on the Ofsted website.

Inspection dates: 8 and 9 December 2021

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

How well children and young people are good

helped and protected

The effectiveness of leaders and good

managers

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

Date of last inspection: 10 September 2019

Overall judgement at last inspection: good

Enforcement action since last inspection: none

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Recent inspection history

Inspection date	Inspection type	Inspection judgement
10/09/2019	Full	Good
15/01/2019	Interim	Improved effectiveness
04/06/2018	Full	Good
15/05/2017	Full	Requires improvement to be good



Inspection judgements

Overall experiences and progress of children and young people: good

Children are making good progress in many areas of their lives. Both children at the home have grown in confidence, particularly in social situations. Their progress has been slow, but staff have persevered well to encourage them to do more for themselves to increase their independence skills. Children spend time with external counsellors and are making progress in dealing with their difficulties.

Staff support the children's attainment in education through their participation in multi-agency meetings, the review of services, maintenance of good routines and provision of educational activities for children. One education professional complimented the home, saying, 'Deep admiration and thanks for the care, support and work the team have done with [the child] for her to successfully access education.'

Children form good relationships with the staff and benefit from individualised care. During the inspection, one child was going cheerleading with a member of staff, and the other child was about to go shopping. It was evident throughout the inspection that children have a good rapport with staff.

Children's experiences are fun and enjoyable. They enjoy going to the gym, walks in the park and games and activities at the home. Children enjoy each other's company and are very settled. There are pictures and photos throughout the home of past and recent events, including family photos. These help children retain a sense of their family identity.

Staff ask children about their views and wishes through meetings, discussions and daily living situations. The manager and the deputy manager work well together to encourage staff to be creative and explore new ways to improve practice. An example is the use of direct work to encourage children to reflect on their health and well-being.

Children live in a warm, cosy, homely and child-friendly environment. Bedrooms are personalised to children's preferences and needs. The overall quality of decor, furnishings, fixtures and equipment is good. However, there is a keypad exit from the home that the children are unable to access and there is a small area of mould in the bathroom.

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

Children are kept safe at this home. The manager and staff are clear about children's risks. They assess these risks well and take appropriate steps to minimise them. Both children said that they can go to staff with any problems and that they feel safe.



The management of children's behaviour is good. Difficult behaviours are well managed by the confident and professional staff, who are supportive rather than punitive.

Children's health is prioritised well, and staff have good oversight of their healthcare needs. Staff support the children's emotional well-being. Medication is stored safely, and there is an adequate medication management system. However, the medication administration records lack information and detail. This could cause confusion and result in medication errors.

The manager ensures that people working at the home go through a rigorous selection procedure and that their suitability is carefully checked. He makes sure that prospective staff have the right personal qualities, enthusiasm, experience, skills and values to work with vulnerable children.

Physical intervention is used only as a last resort. The records are comprehensive and include how staff try to de-escalate situations. There is good managerial oversight of the records to ensure that interventions are proportionate and necessary. Children and staff are debriefed following any interventions. However, there is no section in the records to state if medical support has been offered or received.

Although the manager monitors records and there is some good oversight and evaluation, there are gaps in recording. Room searches are not clearly recorded and records of sanctions lack information. Although staff manage incidents of bullying effectively, lack of clear and accessible records makes it difficult to monitor patterns and trends.

The effectiveness of leaders and managers: good

The home changed ownership in June 2021. The registered manager left in May 2021. A new, experienced manager has been appointed and has applied to Ofsted for registration. He is valued by staff, who benefit from his supportive leadership. The new manager is working towards a relevant level 5 diploma. The impact of COVID-19 has been well managed.

All staff are competent in their roles. They access training in core areas, which include safeguarding children with learning disabilities, physical intervention and first aid. Staff undertake more targeted training that includes managing self-harm, supporting children who have eating disorders and understanding female genital mutilation. This training ensures that the staff have the skills that they need to meet the individual needs of the children they care for. However, one member of staff has not achieved a relevant level 3 diploma within the required time frame.

Staff participate in regular team meetings to reflect on children's progress, share important information about children's plans and to discuss the running of the home. These forums provide opportunities for staff to develop their skills and understanding of research, legislation, policies and procedures. The staff's



contribution is an important feature of making sure that they understand their roles, support children consistently and work as a cohesive and effective team.

Agency staff who work at the home are familiar with the children and provide consistent care. However, the ratio of staff to children is not always matched on daily rotas as identified in the children's care plans. It is positive that there is a recruitment campaign currently ongoing with new staff starting employment soon to address this shortfall.

The independent person's reports were previously lacking in information to help the manager to improve practice at the home. However, there is a new independent person, and the monitoring has improved during the last four months.

The manager undertook an internal review of the quality of care. However, this review fails to include consultations with children's families, external professionals, and staff. Furthermore, targets identified for improvement are not specific or measurable.

At the monitoring visit, two requirements and one recommendation were raised. The manager has met the two requirements.

The shortfall that led to a recommendation in respect of discussing practice concerns in supervision has not been an issue since the last inspection. The staff said that they are well supported in their role. Staff receive regular supervision. However, supervisions are not always reflective or give staff the opportunity to discuss the needs of the children.



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—	31 December 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 the home has sufficient staff to provide care for each child;	
use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 $(1)(a)(b)(2)(d)(h)$)	
In particular:	
ensure that the number of staff on each shift is in accordance with each child's plans and needs;	
ensure that monitoring identifies and addresses shortfalls in recording incidents of bullying and the details of room searches.	
The registered person must ensure that—	31 December 2021
children can access all appropriate areas of the children's home's premises; and	2021
any limitation placed on a child's privacy or access to any area of the home's premises—	
is intended to safeguard each child accommodated in the home;	

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is necessary and proportionate;	
is kept under review and, if necessary, revised; and	
allows children as much freedom as is possible when balanced against the need to protect them and keep them safe. (Regulation 21 (b)(c)(i)(ii)(iii)(iv))	
The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children's home.	31 December 2021
In particular the registered person must ensure that—	
a record is kept of the administration of medicine to each child. (Regulation 23 (1) (2)(c))	
In particular, ensure that all quantities of medication received and administered are recorded and the month and year are recorded.	
For the purposes of paragraph (3)(b), an individual who works in the home in a care role has the appropriate qualification if, by the relevant date, the individual has attained—	31 March 2022
the Level 3 Diploma for Residential Childcare (England) ("the Level 3 Diploma"); or	
a qualification which the registered person considers to be equivalent to the Level 3 Diploma.	
The relevant date is—	
in the case of an individual who starts working in a care role in a home after 1st April 2014, the date which falls 2 years after the date on which the individual started working in a care role in a home; or	
in the case of an individual who was working in a care role in a home on 1st April 2014, 1st April 2016. (Regulation 32 (4)(a)(b) (5)(a)(b))	
The registered person must ensure that—	31 January 2022
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—	

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the name of the child;

details of the child's behaviour leading to the use of the measure;

the date, time and location of the use of the measure;

a description of the measure and its duration;

details of any methods used or steps taken to avoid the need to use the measure;

the name of the person who used the measure ("the user"), and of any other person present when the measure was used;

the effectiveness and any consequences of the use of the measure; and

a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure;

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")—

has spoken to the user about the measure; and

has signed the record to confirm it is accurate; and

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)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(b)(i)(ii)(c))

Recommendations

■ The registered person should ensure that the home is a nurturing and supportive environment that meet the needs of the children. In particular, remove the mould from the bathroom ceiling. ('Guide to the children's homes regulations, including the quality standards', page 15, paragraph 3.9)



- The registered person should ensure that staff receive supervision of their practice 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)
- The registered person should ensure that the quality of care review meets all the aspects stipulated in regulation 45. ('Guide to the children's homes regulations, including the quality standards', page 64, paragraph 15.2)

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: 1226757

Provision sub-type: Children's home

Registered provider: Potton Homes Limited

Registered provider address: 3 Rayns Way, Syston, Leicester LE7 1PF

Responsible individual: David Whitty

Registered manager: Post vacant

Inspectors

Cathy Russell, Social Care Inspector Laraine Edmondson, Social Care Inspector



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