

1233310

Registered provider: Birtenshaw

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home is part of a large charitable organisation. It offers care for up to three children who may have been diagnosed with a learning disability.

The manager registered in May 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 the home on 2 March 2021 to carry out a monitoring visit. The report is published on the Ofsted website.

Inspection dates: 11 and 12 January 2022

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: 16 April 2019

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
16/04/2019	Full	Good
23/01/2019	Full	Good
31/01/2018	Interim	Sustained effectiveness
24/04/2017	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: good

The children are settled and happy living at this home. Communal areas are decorated in a way that provides a stimulating environment for children with sensory needs. Bedrooms are highly personalised. For example, one bedroom has been decorated in the colours of the child's bedroom at home, with pictures of unicorns on the landing area, while another has been decorated in the theme of dinosaurs. A social worker wrote: '[Name of child's] bedroom has been personalised for him. He has lots of clean clothes in his wardrobe, including traditional clothes for his cultural needs.'

The children have developed strong attachments with core staff who demonstrate a passion and a commitment to them. Barriers to communication are understood. Alternative methods of communication, such as picture exchange systems, are used effectively to empower children to make choices about their day-to-day care. This runs alongside staff encouraging children to develop their speech and language. A parent said: 'Staff are caring and eager to learn with my daughter. Her speech has really improved.'

There is a strong focus on ensuring that children are not unnecessarily disadvantaged because of their disability. Social inclusion is at the heart of activity planning. Children enjoy a wide range of social experiences, such as going shopping, visiting the seaside, feeding the horses and going for walks in the park. It was a real pleasure for the inspector to look through memory books, each containing photos of the children and staff having fun and enjoying time together.

Staff recognise the importance of good routines. A lot of emphasis is placed on ensuring that each child is prepared for changes in their routine, such as bedtimes, activities and going to school. School is an important part of each child's routine with all children enjoying their time there. Information between the home and school is shared at the beginning and end of the school day. This ensures that each child's immediate needs are understood and met.

Staff ensure that children can attend routine and specialist health appointments. Complex health needs are understood by staff who offer the appropriate support, including safe personal care. Children are encouraged to eat healthily and to exercise. A social worker wrote: 'Walking to and from school is a good way to build exercise into daily routines, as well as encouraging independence.'

The management of medication has been improved. Records now capture when medication is moved between the home and school. However, the home's medication administration records were found to be inaccurate at the time of the inspection. Positively, the manager identified and resolved this issue while completing a medication audit with the inspector.

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

Keeping children safe is a priority for staff and is integral to daily practice. Risk management plans inform staff of what actions to take to keep children safe at home and in the community. The children are too vulnerable to be unsupervised and benefit from high levels of supervision and one-to-one support. This means that they are not exposed to risks, such as going missing from home, child criminal exploitation or child sexual exploitation.

Staff are alert to changes in children's behaviour. When children show signs of being anxious or frustrated, staff are quick to respond in a caring and nurturing manner. Children are generally responsive and the need for physical restraint is rare. The physical restraints that have been necessary are mostly low level and well recorded. A parent said: '[Name of child's] self-control is much better. Staff have taught her to self-regulate and she is more tolerant and understanding. When she does go into crisis, staff are there for her.'

The manager is clear about his safeguarding responsibilities and is committed to ensuring children are protected from unnecessary harm. He holds others to account and ensures that any concerns, including those from other agencies, are thoroughly investigated through the proper channels.

The home provides a safe place for children to live. They are protected by a range of effective health and safety procedures, risk assessments and routine checks to ensure that the premises are safe. Physical restrictions, such as locking the front door, are proportionate to the level of risk posed by children exiting onto the road. Except for this restriction, children can move freely around the home and into the enclosed garden at the rear of the house.

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

The registered manager is suitably experienced and qualified. He is passionate about providing the best-quality care possible, a passion that is shared by his core team.

The registered manager identifies staffing as being a major challenge. High use of agency staff, and staff from other parts of the organisation, has been necessary to maintain suitable staffing levels. In addition to the core staff team, 59 different adults have worked in this home. This does not lend itself to providing continuity of care for children who rely so heavily on consistency and familiarity.

The post of registered manager designate has been vacant for several months. This means that the registered manager has had no management support in the home. Compounded by the need to work directly with the children, some management tasks are incomplete. For example, the annual premises review is overdue, staff do not receive regular formal supervision and all annual appraisals are out of timescale.

Mandatory training is not kept up to date. Training records indicate that some staff need to complete or refresh training in the use of restraint, safeguarding and first aid. Training in working with children who display sexually harmful behaviour remains outstanding, despite this being a recommendation at the last inspection. Furthermore, several core staff have not received training to help understand children with autism spectrum disorder, and the training for those that have dates back to 2018 and 2019.

Children's records are kept up to date and provide an accurate reflection of each child's needs, progress and experiences. The manager is fully involved in implementing children's plans and maintains good levels of oversight to ensure that their needs are being met. Parents spoke with positivity about how the manager and staff care for their children and the progress that they have made. However, parents did provide a small number of examples of when they have not been kept fully informed, for example when changes are made to who is supporting contact with their child.

Some aspects of monitoring activity require improvement, especially the bi-annual quality of care review. The report is mostly descriptive and lacks evaluation. Actions arising from this review are vague and do not identify how improvement can be made. Neither is there evidence of how children have contributed to this process.

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>ensure that the home has sufficient staff to provide care for each child; and</p> <p>ensure that the home's workforce provides continuity of care to each child. (Regulation 13 (1)(a)(b) (2)(d)(e))</p>	16 February 2022
<p>The registered person must ensure that all employees—</p> <p>receive practice-related supervision by a person with appropriate experience; and</p> <p>have their performance and fitness to perform their roles appraised at least once every year. (Regulation 33 (4)(b)(c))</p>	16 February 2022
<p>In order to complete a quality of care review the registered person must establish and maintain a system for monitoring, reviewing and evaluating—</p> <p>the feedback and opinions of children about the children's home, its facilities and the quality of care they receive in it.</p> <p>any actions that the registered person considers necessary in order to improve or maintain the quality of care provided for children. (Regulation 45 (2)(b)(c))</p>	16 February 2022

The registered person must review the appropriateness and suitability of the location of the premises used for the purposes of the children's home at least once in each calendar year taking into account the requirement in regulation 12(2)(c) (the protection of children standard). (Regulation 46 (1))

16 February 2022

Recommendations

- The registered manager should work with each child's parents to ensure that they are kept fully informed about the care of their child. ('Guide to the children's homes regulations, including the quality standards', page 11, paragraph 2.3)
- The registered person should ensure that staff are following procedures to ensure that an accurate record of medication is always kept. ('Guide to the children's homes regulations, including the quality standards', page 35, paragraph 7.15)

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: 1233310

Provision sub-type: Children's home

Registered provider: Birtenshaw

Registered provider address: Birtenshaw Darwen Road, Bromley Cross, Bolton
BL7 9AB

Responsible individual: Julie Barnes

Registered manager: Craig Parkinson

Inspector

Paul Scott, Social Care Inspector

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