

2631195

Registered provider: Homes2inspire Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home is owned and run by a private organisation and can accommodate and care for up to three children with social and emotional difficulties. Its statement of purpose reads, 'The home is for young people and children with individualised needs who may benefit from living in a smaller home that supports their needs.'

Four children have lived in the home since it was first registered. One child moved out prior to this first inspection. There are currently three children living in the home.

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.

The manager has been registered with Ofsted since April 2021.

Inspection dates: 10 and 11 January 2022

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

How well children and young people are helped and protected **inadequate**

The effectiveness of leaders and managers **inadequate**

There are serious and widespread failures that mean children and young people are not protected or their welfare is not promoted or safeguarded and the care and experiences of children and young people are poor and they are not making progress.

Date of last inspection: not applicable

Overall judgement at last inspection: not applicable

Enforcement action since last inspection: none

Recent inspection history

Not previously inspected

Inspection judgements

Overall experiences and progress of children and young people: inadequate

The poor admissions practice by leaders has failed to consider the known risks for a child and has exposed that child to risks of serious harm. Despite receiving detailed referral information about the child's known suicide attempts involving trains, managers failed to consider the home's close proximity to a railway station. Despite the home's assessment process which described that 'rigorous safety plans will be created' in response to the referral information, this did not occur in practice.

In another example, a child's referral information included details of how the child has been known to self-harm. However, the home's assessment record states that the child has no history of self-harming behaviour. This child's referral details also include the child's diagnosis of attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder. However, the home's own assessment record does not show that managers had considered whether the staff team had the training, skills or capacity to meet this child's specific and individual needs in respect of their learning disabilities.

These poor examples of early admission and assessment practices have resulted in children receiving poorly planned care that does not reflect their individual and specific needs. One child has attempted suicide at the local railway station. Another child receives inappropriate responses and consequences from the staff in response to his behaviour because staff do not understand his needs.

Children cannot always rely on staff to promote their safety and well-being with regard to their medicines. In one example, a child took responsibility and complained about their medication. The subsequent internal investigation failed to address concerns over missing medication and incorrect doses being administered to the child. Furthermore, directions on controlled drugs have been altered by staff without consent from the prescriber. This unsafe practice presents serious risks for children's health and safety.

All children are attending school or college and their attendance is good. Staff are promoting the children's development into adulthood by helping them to learn independence skills. For example, one child has been supported to learn to use a mobile phone so that he can maintain contact with the staff while enjoying unsupervised time in the community. Another child is remaining living in the home beyond leaving care age in order to complete her sixth form exams and to give her stability to focus on her education.

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

Safer recruitment has been identified as a wider concern throughout some of the provider's other children's homes. At the start of this inspection, some staff

members were not at work following the provider's internal review of its staff recruitment practice in this regional group of homes. Following the provider's identification of recruitment practice shortfalls, the provider has confirmed that such staff will refrain from working until retrospective recruitment checks have been successfully completed.

Although the provider has taken steps to use other staff during this period, some of these staff members have not been suitably vetted. Gaps and omissions include the failure to obtain and verify references, the failure to verify a person's address, and the failure to sufficiently explore significant gaps in a person's work history. Consequently, leaders and managers still cannot be assured that the children are being looked after by safe adults. These repeated failures in respect of safer recruitment cast doubt over the ability of the registered manager and senior leaders to understand the relevant regulations and to effectively safeguard children.

Leaders and managers have not demonstrated a competent approach to the investigation of a staff member's alleged misconduct. During their period of being suspended from work, the staff member resigned, and the investigation process ceased. Consequently, no outcome has been reached. Therefore, leaders are unable to conclude that either no further action is necessary, or that a referral to the Disclosure and Barring Service is appropriate. This poor approach fails to recognise the need to conclude reports of safeguarding concerns.

Serious gaps and omissions in risk management practices are evident. For example, one child returned home from hospital following a serious suicide attempt. A detailed safety plan, devised by a multi-disciplinary team, was abruptly ended five days after the child's return to the home. No consideration was given by leaders and managers to gradually reduce the supervision levels required by this child to ensure her continuing safety and recovery to an improved state of mental health. This risky practice demonstrates the leadership's lack of the necessary understanding of mental health issues.

The risk management plans for this child do not mitigate current risks factors, for example the use of Dialectical Behavioural Therapy. Some staff lack formal training and guidance to complete this therapy safely, and management oversight of the risk of the activity has not been fully considered in this child's plans. This places the child at risk of harm because not all staff are equipped to recognise and mitigate the risks of this technique.

The effectiveness of leaders and managers: inadequate

Leaders and managers have failed to act on the areas that were identified for improvement, following the home being registered. Safer recruitment practice has not been strengthened and the statement of purpose continues to contain significant gaps and omissions.

The statement of purpose states that the staff team has 'a wealth of experience to meet the needs of a large range of children'. However, the workforce development

plan and staff training records show that four of the six full-time staff members have not yet achieved the Level 3 Diploma and have little or no previous experience of working in residential childcare. The document is not clear about the nature and/or needs of the children for whom the provider can look after. The absence of clear parameters about the needs of the children has resulted in children with a very wide range of needs currently living in the home, while the staff team as a whole has very limited qualifications and experience. Despite the description that children will move into the home in a planned and sensitive manner, one child moved in very quickly as an emergency. Overall, the statement of purpose is inaccurate.

One child's referral requested staff to have experience in working with children with severe mental health problems. However, training records show that five staff members have not received self-harm or suicide prevention training. In respect of a child with ADHD and autism spectrum disorder, two staff have completed autism awareness training. Consequently, commissioners and other stakeholders cannot be reassured that the provider is able to deliver against its stated aims and objectives to provide care for children with staff who are suitably trained and experienced to meet their needs. Nor is there a children's guide to accompany the statement of purpose. Therefore, children preparing to move into the home do not have a point of reference to refer to, and their views are not considered or counted in terms of keeping this document under review.

The registered manager is also registered for another of the provider's children's homes. However, despite having two homes to manage, she has also been providing support and guidance to an additional two children's homes in the region. Senior leaders failed to recognise the impact of this arrangement until it was identified through recent Ofsted inspections.

Over recent months, the regularity and quality of staff supervision have significantly declined. Therefore, staff, including the registered manager, have not received the guidance, support or challenge that they need for a number of months. Team meetings have also declined in regularity, as has the registered manager's formal appraisal. Therefore, all mechanisms for the staff to be able to reflect on and develop their care practice have been severely compromised.

These shortfalls also exist with regard to poor monitoring and oversight by the registered manager and other senior leaders. Checks and balances are not being routinely conducted and this affects the quality of the care being provided for the children. For example, records show that a child with learning difficulties has repeatedly received punitive responses from staff, following the staff's perception of the child's inappropriate behaviour. Such examples have not been identified through managerial monitoring. Consequently, the child experiences poor care and the staff are not supported to learn and improve their practice.

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 children's views, wishes and feelings standard is that children receive care from staff who—</p> <p>take their views, wishes and feelings into account in relation to matters affecting the children's care and welfare and their lives.</p> <p>In particular, the standard in paragraph (1) requires the registered person to—</p> <p>ensure that each child—</p> <p>has access to the home's children's guide, and the home's complaints procedure, when the child's placement in the home is agreed and throughout the child's stay in the home. (Regulation 7 (1)(c) (2)(b)(ii))</p>	30 April 2022
<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>that the premises used for the purposes of the home are located so that children are effectively safeguarded. (Regulation 12 (1) (2)(a)(i)(c))</p>	27 February 2022
<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>	27 February 2022

<p>promotes their welfare.</p> <p>In particular, the standard in paragraph (1) requires the registered person to—</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 in the home</p> <p>use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(b) (2)(f)(h))</p>	
<p>Subject to paragraph (6), the registered person must ensure that the home is at all times conducted in a manner which is consistent with its statement of purpose. (Regulation 16 (5))</p>	30 April 2022
<p>No measure of control or discipline which is excessive, unreasonable or contrary to paragraph (2) may be used in relation to any child. (Regulation 19 (1))</p>	1 February 2022
<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>medicine which is prescribed for a child is administered as prescribed to the child for whom it is prescribed and to no other child. (Regulation 23 (1) (2)(b))</p>	30 April 2022
<p>The registered manager must undertake such continuing professional development as is necessary to ensure that the registered manager has the skills needed for managing the home. (Regulation 29 (4))</p>	30 April 2022
<p>*The registered person must recruit staff using recruitment procedures that are designed to ensure children's safety.</p> <p>The registered person may only—</p> <p>employ an individual to work at the children's home;</p> <p>if the individual satisfies the requirements in paragraph (3).</p> <p>The requirements are that—</p>	27 February 2022

full and satisfactory information is available in relation to the individual in respect of each of the matters in Schedule 2. (Regulation 32 (1) (2)(a) (3)(d))	
<p>The registered person must ensure that all employees—</p> <p>undertake appropriate continuing professional development;</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.</p> <p>(Regulation 33 (4)(a)(b)(c))</p>	30 April 2022

*These requirements are subject to a compliance notice.

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: 2631195

Provision sub-type: Children's home

Registered provider: Homes2inspire Limited

Registered provider address: Lumonics House, Valiant Office Suites, Valley Drive,
Swift Valley Industrial Estate, Rugby CV21 1TQ

Responsible individual: Angela Muchatuta

Registered manager: Kim Murray

Inspector

Sara Stoker, Social Care Inspector

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Piccadilly Gate
Store Street
Manchester
M1 2WD

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Textphone: 0161 618 8524
E: enquiries@ofsted.gov.uk
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