

1263766

Registered provider: Tameside Metropolitan Borough Council

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This local authority children's home cares for up to four children who may have emotional and/or behavioural difficulties. Three children were living at the home at the time of this inspection.

The registered manager post has been vacant since January 2021.

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 17 and 18 December 2020 to carry out an assurance visit. The report is published on our website.

Inspection dates: 1 and 2 February 2022

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 inadequate

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: 4 December 2019

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
04/12/2019	Full	Good
12/02/2019	Interim	Improved effectiveness
03/10/2018	Full	Good

Inspection judgements

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

Children are individually making some progress with the support of a core team of permanent staff. Inconsistency and instability across the team, and the reliance on non-permanent staff, mean that opportunities for children to build trusting relationships with the adults caring for them are limited. This impacts on children's sense of permanence and belonging.

Some children remain at the home for a prolonged period, even though it has been acknowledged by the local authority that their needs cannot be fully met in this environment. No additional support has been identified to meet children's emotional health needs in these circumstances. There has been no advocacy by the interim managers to ensure that the right support is available for children's emotional health.

Children are supported to attend education and training. One child has made a successful transition from primary to secondary school. She has been recognised by her school with merit badges for her recent achievements, which she proudly wears on her uniform. Another child is now attending college and is making good progress with her course. Older children are supported to take up part-time employment as a stepping stone to future career opportunities. This active engagement with learning supports children to believe in themselves and increases their self-confidence and self-esteem.

Children understand how to complain about the care they receive, and they do use the systems in place to raise their concerns. Children's complaints are responded to appropriately by senior members of staff. Children are spoken to as part of this process, which helps them to feel that their voices are heard.

Some areas of the home require repair and redecoration. Interim managers shared that there is a plan for this work to take place. However, this had not started at the time of the inspection. The living room does not provide children with a homely space to spend time in. Cupboards and other storage spaces for toys and games have locks on them. This does not provide children with a welcoming home to live in or support them to feel trusted and valued, even though these locks are not always used

Downstairs internal doors are locked at night, meaning that children do not have access to the living room or kitchen. As a result, children do not have reasonable access to all areas of the home, as is expected in a family environment.

Children are not always being provided with a healthy, balanced diet. There are incidents where there is an over-reliance on take away and sugary snacks. There is

no policy in place for children or staff to follow, to support children who smoke cigarettes or e-cigarettes or to encourage smoking cessation. This means that children are not being provided with the skills or knowledge that they need to make healthy lifestyle choices in preparation for independence.

Children's relationships with their families are encouraged, when it is in their best interests to do so. There is good communication between staff and family members. Staff work with families to support children spending time with their family. As a result, children are supported to understand their heritage and history and maintain a sense of identity and belonging.

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

Children are cared for by a core group of adults who know them well and understand their strengths and vulnerabilities. Staff work to keep children safe and build on their strengths.

Children's case records are comprehensive and contain relevant information from their placing social workers and other professionals. Records provide staff with the information they need to care for children in line with their care plans and in order to understand their background and history. Children are not routinely reading or contributing to their records, and the voice of the child is not evident.

The practice of staff is not supported by good-quality written risk assessments that are devised internally in the home. Risk assessments highlight risks to children but do not always provide staff or children with clear actions to prevent or reduce the impact or frequency of risk. Additionally, it is unclear when specific incidents have occurred. Risk assessments are not written in a way which supports staff and children to understand any changes to risk levels, to monitor progress or to identify patterns. As a result, staff do not always have all the information they need to understand risks or the different responses required for each child to manage these effectively. There is no management oversight of risk assessments or plans. This means that the interim manager is unable to evaluate the effectiveness of practice and the ability of staff to keep children safe.

When children go missing from home, staff are proactive in searching for them in the community in order to return them home safely. Information is shared effectively with family members and external professionals to locate children and reduce further risks. Arrangements are in place for children to be offered an independent return home interview. There is no evidence that information gained from these interviews is shared with staff in order to reduce these incidents or keep the child safe. This is a missed opportunity to improve practice.

The use of physical intervention is minimal and proportionate to the risks presented to the child or to others. Recording of these incidents is of variable quality, with some evidence of detailed recording. However, other records only provide a limited explanation of events.

The recording of sanctions imposed on children is also of variable quality. For both sanctions and physical interventions with children, there is a lack of management oversight of incidents. Children and staff are not routinely being given the opportunity to share their views and feelings following incidents. This means that leaders and managers do not have the information they need to monitor the quality and effectiveness of practice towards children.

There have been occasions where staff have called the police to manage children's behaviours. This practice is not child centred and risks criminalising children and further traumatising them.

The effectiveness of leaders and managers: inadequate

Leadership and management of the home is inconsistent and ineffective. The registered manager post has been vacant for 13 months. During this time, several interim management arrangements have been in place. A number of managers from the local authorities other homes have had short-term temporary oversight of the home, in addition to managing their own services. The current interim manager is employed through an agency. He has not yet applied for registration with Ofsted.

The responsible individual has not provided the new interim manager with an agreed monitoring and evaluation framework to work to. Information requested during inspection could not always be provided in a timely manner. Some information provided was inaccurate. At other times, the information was not provided at all. A lack of coherent leadership and management means that senior staff do not have an adequate understanding of the quality of care being provided for children, or of systems in place to address shortfalls.

On a regular basis there are insufficient permanent staff to meet the needs of children in line with the home's statement of purpose. This has led to use of non-permanent staff, including agency staff. Staff rosters do not provide a clear record of which staff have worked each shift or the employment status of these staff. Not all permanent staff have up-to-date first aid training, and the training profile of non-permanent staff is not checked. As a result, there is a lack of transparency and accountability for practice, and children in need of medical intervention are potentially placed at risk.

There are lengthy gaps between formal supervision meetings with staff. Staff are not being supervised with the frequency detailed in the local authority supervision policy. The interim assistant manager has not had formal supervision since taking up her post, following an internal promotion, four months ago. Staff are not routinely having annual appraisals of their fitness to practice. Supervision and appraisal are not being used to support staff to reflect on the quality of their practice or their impact on the progress and experience of children. Staff say they feel supported by the interim manager and assistant manager. They are not, however, receiving the formal support or challenge necessary to help them care for children effectively.

The statement of purpose for the home has not been updated to reflect changes to the staff team. A quality of care report was available on inspection, but this contains some historical information about a child who was no longer living at the home when the report was written. This report had not been shared with Ofsted at the time of completion.

The current manager and previous interim managers have not ensured that all serious incidents in relation to children are notified to Ofsted in a timely manner. Poor communication and delays in information-sharing have an impact on the regulator's ability to maintain effective oversight of practice in the home and ensure that children are safeguarded.

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 promotes their welfare.</p> <p>In particular, the standard in paragraph (1) requires the registered person to—</p> <p>lead and manage the home in a way that is consistent with the approach and ethos, and delivers the outcomes, set out in the home's statement of purpose;</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;</p> <p>ensure that the home's workforce provides continuity of care to each child.</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)(a)(b) (2)(a)(b)(c)(d)(e)(f)(h))</p>	<p>31 March 2022</p>
<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>31 March 2022</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>help each child to understand how to keep safe;</p> <p>are familiar with, and act in accordance with, the home’s child protection policies. (Regulation 12 (1) (2)(a)(i)(ii)(vii))</p> <p>Specifically, the registered person must ensure that written risk assessments and risk reduction plans provide staff and children with clear guidance about what staff need to do to keep children safe, that practice in relation to identification and review of risk supports staff and children to understand changes in risk levels over time, that children understand the home’s expectations in relation to children smoking, and that staff have access to written policies in relation to children who smoke.</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 name of the child;</p> <p>details of the child’s behaviour leading to the use of the measure;</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>details of any methods used or steps taken to avoid the need to use the measure;</p> <p>the name of the person who used the measure ("the user"), and of any other person present when the measure was used;</p> <p>the effectiveness and any consequences of the use of the measure; and</p>	<p>1 March 2022</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)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii) (b)(i)(ii)(c)(iv))</p>	
<p>Schedule 4 sets out the other information that the registered person must keep in relation to a children's home.</p> <p>The registered person must—</p> <p>maintain in the home the records in Schedule 4;</p> <p>ensure that the records are kept up to date; and</p> <p>retain the records for at least 15 years from the date of the last entry. (Regulation 37 (1) (2)(a)(b)(c))</p> <p>Specifically, the registered person must ensure that staff rosters should clearly record the actual staffing for each shift and should differentiate between permanent and non-permanent staff.</p>	<p>1 March 2022</p>
<p>The registered person must ensure that—</p> <p>the privacy of children is appropriately protected;</p> <p>children can access all appropriate areas of the children's home's premises; and</p> <p>any limitation placed on a child's privacy or access to any area of the home's premises—</p> <p>is intended to safeguard each child accommodated in the home;</p>	<p>1 March 2022</p>

<p>is necessary and proportionate;</p> <p>is kept under review and, if necessary, revised; and</p> <p>allows children as much freedom as is possible when balanced against the need to protect them and keep them safe. (Regulation 21 (a)(b)(c)(i)(ii)(iv))</p> <p>Specifically, the registered person must ensure that communal areas of the home are not locked at night.</p>	
<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>understand and apply the home’s statement of purpose;</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)(a)(b)(iv)(vii))</p> <p>Specifically, the registered person must ensure that staff help children to keep their bedrooms tidy, that children’s suitcases are stored away, that repairs and redecoration of the home are completed in a timely manner, and that the home is furnished in a way which provides children with a homely environment to live in.</p>	<p>31 March 2022</p>
<p>The registered person must notify HMCI and each other relevant person without delay if—</p> <p>a child is involved in or subject to, or is suspected of being involved in or subject to, sexual exploitation;</p>	<p>1 March 2022</p>

<p>an incident requiring police involvement occurs in relation to a child which the registered person considers to be serious;</p> <p>there is an allegation of abuse against the home or a person working there;</p> <p>a child protection enquiry involving a child —</p> <p>is instigated; or</p> <p>concludes (in which case, the notification must include the outcome of the child protection enquiry); or</p> <p>there is any other incident relating to a child which the registered person considers to be serious. (Regulation 40 (4)(a)(b)(c)(d)(i)(ii)(e))</p>	
<p>The registered person must—</p> <p>keep the statement of purpose under review and, where appropriate, revise it; and</p> <p>notify HMCI of any revisions and send HMCI a copy of the revised statement within 28 days of the revision. (Regulation 16 (3)(a)(b))</p>	31 March 2022
<p>The registered person must ensure that the employment of any person on a temporary basis at the children’s home does not prevent children from receiving such continuity of care as is reasonable to meet their needs.</p> <p>The registered person must ensure that—</p> <p>at all times, at least one person on duty at the home has a suitable first aid qualification. (Regulation 31 (1) (2)(a))</p>	1 March 2022
<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. (Regulation 33 (4)(a)(b)(c))</p>	31 March 2022

<p>The registered person must complete a review of the quality of care provided for children ("a quality of care review") at least once every 6 months.</p> <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 quality of care provided for children;</p> <p>the feedback and opinions of children about the children’s home, its facilities and the quality of care they receive in it; and</p> <p>any actions that the registered person considers necessary in order to improve or maintain the quality of care provided for children.</p> <p>After completing a quality of care review, the registered person must produce a written report about the quality of care review and the actions which the registered person intends to take as a result of the quality of care review ("the quality of care review report").</p> <p>The registered person must—</p> <p>supply to HMCI a copy of the quality of care review report within 28 days of the date on which the quality of care review is completed; and</p> <p>make a copy of the quality of care review report available on request to a placing authority, if the placing authority is not the parent of a child accommodated in the home.</p> <p>The system referred to in paragraph (2) must provide for ascertaining and considering the opinions of children, their parents, placing authorities and staff. (Regulation 45 (1) (2)(a)(b)(c) (3) (4)(a)(b) (5))</p>	<p>30 April 2022</p>
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Recommendation

- The registered person should ensure that each child is eating a healthy, balanced diet. (‘Guide to the children’s homes regulations, including the quality standards’, page 33 paragraph 7.3)

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: 1263766

Provision sub-type: Children's home

Registered provider address: Town Hall, Market Street, Hyde SK14 1AL

Responsible individual: Karen Brougham

Registered manager: Post vacant

Inspectors

Dawn Parton, Social Care Inspector

Louise Redfern, Social Care Inspector

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