

SC046276

Registered provider: Devon 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 managed by a local authority. The Department for Education approves it to restrict children's liberty. The children's home can accommodate up to 12 children and young people aged between 10 and 19 years and accommodated under Section 25 of the Children Act 1989. Admission of any child under 13 years of age requires the approval of the Secretary of State.

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 current acting manager has applied to Ofsted to become registered.

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.

Inspection dates: 9 to 11 February 2022

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: 29 June 2021

Overall judgement at last inspection: sustained effectiveness

Enforcement action since last inspection:
None

Recent inspection history

Inspection date	Inspection type	Inspection judgement
29/06/2021	Interim	Sustained effectiveness
03/03/2020	Interim	Sustained effectiveness
08/10/2019	Full	Good
05/03/2019	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: good

Children benefit from the help and nurture they receive. Staff implement well-thought-through care plans which have been developed using the knowledge and expertise of the multidisciplinary teams who work on site.

Children make good progress during their time at this home. Progress is acknowledged and celebrated. This helps children to start to take pride in their achievements and build their confidence and self-esteem.

A strong multidisciplinary approach means that children receive support across all areas. Children quickly build trusting relationships with staff. Staff are warm and compassionate and show a genuine fondness for the children they care for. Staff have a clear understanding of each child's individual needs. Children are seen to seek the company and reassurance of the staff.

Care plans are in place, are relevant and are kept up to date. They provide clear guidance to staff which is followed in practice. The plans are child-focused and goals and targets are achievable and realistic. Importantly, the children's views influence the development of these plans. This makes them meaningful to each child and helps them to see the progress they are making.

At times, there is a delay in putting the initial care plan in place, as this document is not created until after the placement planning meeting. There are other systems and processes in place to ensure that staff share relevant information with one another to meet the needs of children. Consequently, the delay in writing the formal care plan does not impact on children's progress and well-being.

Staff consult with children in different forums to obtain their views. This helps children to feel listened and valued. When possible, requests made by children are met. Staff explain to children if a request cannot be granted. Children feel they have an influence in how the home is run. This includes being involved in the recruitment of new staff.

Children know how to make a complaint and use this process to share any concerns regarding staff practice or other things that they are unhappy about. A restorative approach is used whenever possible to rebuild relationships following a complaint. This ensures that complaints are responded to promptly and resolved to the children's satisfaction.

Children are offered a wide variety of activities both in and outside of the home. They are supported to try new activities and develop their interests. Children benefit from being meaningfully occupied and engaged. They enjoy the enriching activities they are offered. This helps them to develop their social skills and learn to cope with the stresses of group activities and to develop tolerance and understanding.

Children's admissions to the home are well coordinated. The managers ensure that appropriate paperwork and information is in place quickly enough to inform care at the point of admission. Discharge planning and support for children moving on is strong. Some children who move on to nearby settings continue to receive support from specialist staff after discharge. This promotes continuity of care and underpins the staff's commitment to supporting the children when they can.

Children told the inspectors that they feel safe and cared for. While not all children want to be living in secure accommodation, most understand that they need to be there to be kept safe. Children raised no concerns. One child told the inspector that, 'Everyone treats each other with respect here.' Another child told the inspector that this is where he 'needs to be at the moment to be kept safe'.

Children were unanimously positive about the quality of the food. They contribute to the development of their menus and there is a good variety on offer. Inspectors noted positive relationships between the chefs and the children.

Staff undertake direct work with children. These conversations are undertaken with sensitivity and help children to start to make sense of their experiences. They have access to and benefit from specialist support. Children are the focus of staff practice, and this comes across in the children's records as well as in observed practice. On occasion, there is a delay in recording some direct-work sessions on the system used. However, this has not had an impact on the quality of care provided as there is a good flow of communication across the staff group.

Children's education and learning: good

Education leaders successfully promote a child-centred approach throughout the school, which is embraced by all staff. Staff prioritise re-establishing structure, routine and consistency in the children's lives. As a result, children are often keen to go to school, participate willingly in lessons and build positive relationships with the school staff.

Managers ensure that children access a varied curriculum that enables them to follow their interests and helps to prepare them for their next stage. All children study English, mathematics, science and physical education and can additionally study subjects such as design and technology, hairdressing, horticulture, art, catering and music. The curriculum is carefully tailored to meet the needs of each individual child, with the intention of supporting them to progress to their next placement.

Managers ensure that, where appropriate, children work towards achieving accredited qualifications or receive unit accreditation for the work they complete while at the home.

Senior leaders have introduced a trauma recovery model which has brought together the health, care and education teams to support the needs of the children

effectively. As a result, the education staff are more aware of the individual needs of the children and how their previous trauma might inform the level of engagement they can expect within the education setting.

Teachers are well informed about the individual needs of each child and use this information to plan their programmes effectively. Teachers use their skills well and children produce work of a good standard. Staff carefully monitor and accurately record the progress each child is making across all subjects and in their personal and social development. School staff work closely together to give children consistent, accurate and helpful feedback on their learning and development of wider life skills.

Children benefit from the opportunity to undertake relevant external work experience appropriate to their studies and personal education plans. As a result, children are supported to make informed decisions about their future training and employment options.

Children receive effective pastoral support to develop their confidence, trust and self-esteem. They take part in citizenship classes where they learn about themes such as bullying, radicalisation and extremism and racism, and for which they can achieve accredited units. Care and health staff also contribute to this learning and support children to gain awards in units such as substance misuse. Children benefit from a wide range of enrichment opportunities both within the school and at external venues. For example, children work with visiting artists and poets to create works of art that they display proudly in the school and home. Children can also take part in the Duke of Edinburgh's Award and visit the theatre to support their English classes.

Teaching and support staff are appropriately qualified and experienced in their specialist subject areas and in working with children with complex needs. Staff receive regular and helpful professional development that supports them to develop specialist skills to work with traumatised children, for example attachment-based mentoring and therapeutic parenting.

Leaders have very recently engaged a new external careers advice and guidance provider who has initially undertaken impartial careers interviews with children to support them in their next steps.

Children are taught almost exclusively on a one-to-one basis. As a result, they do not have opportunities in school to develop their interpersonal skills and the skills they will need when they progress to settings in the community or to mainstream education providers. Managers have structured their learning in this way to prevent conflict between home residents and to ensure their individual needs are met. However, those children who are soon to progress to less structured environments will struggle without the development of the essential social skills they need, for example, turn-taking, tolerance of others and working together.

Children's health: good

Children receive good-quality care from the health and well-being team. The team consists of multidisciplinary professionals who support children's physical, emotional and mental health. Children have good access to both primary and secondary health services and medical support covers five days per week.

The healthcare team has continued to provide safe care to the children throughout the COVID-19 pandemic. However, staffing vacancies within the team over the last year have been a challenge. This resulted in the clinical lead taking on additional responsibilities to cover the roles, with additional support from the GPs, care staff and child in care nursing team. A new nurse has just started working at the home and the health and well-being co-ordinator started at the home late in 2021. A full-time vacancy in the child and adolescent mental health services team has not yet been filled.

The children's health assessment tool process is embedded in practice to formulate healthcare plans and detail the specialised care and support required to meet children's needs. Any assessments carried out beyond the timescale are rationalised to prioritise emotional care and support. Children have access to an optician and there is good access to dental services in the home and specialist provision at a local hospital.

Children are supported with their mental health through a range of tailored interventions that meet their unique and individual needs. Work with children's families supports them to gain a better understanding of their child's needs and helps to improve relationships.

The 'Secure Stairs' integrated care model is well embedded in the home. Regular formulation meetings and reflective practice sessions take place for staff and children. Trauma recovery and therapeutic parenting models are used by staff, to fully reflect the principles of Secure Stairs. This supports children to feel safe and improve their emotional health and self-esteem.

The clinical lead has developed and facilitated the national accreditation of an NVQ level 3 diploma to maintain the principles and competencies of trauma-informed practice. This provides staff with in-depth knowledge of the Secure Stairs programme and is an exemplar used across the country by other secure homes.

Staff provide compassionate care and identify and support children's potential and aspirations. The team works collaboratively to gain children's trust, giving them a positive learned experience of working with healthcare professionals. Each child has a comprehensive bespoke plan. Children and their families, where appropriate, are involved in the development of these plans.

The occupational therapist works with children from a trauma, sensory and attachment perspective. This enables children to learn valuable life skills to cope with challenging situations in everyday life. There is currently a vacancy in the

increased provision for a speech and language therapist. However, a local speech and language service provides cover when required.

Children's transitions are well thought out and carefully planned from the moment they arrive at the home. Staff recognise the importance of this, wanting to give the child the best chance to succeed. Discharge reports are comprehensive and contained detailed information about the child and the support they have been given. This helps the children and other professionals to have a good understanding of each child's needs and how to support them.

Healthcare, education and centre staff work together to ensure there is a home-wide approach to health promotion. 'Living well' days help educate and encourage children to choose healthy behaviours and make changes to improve their well-being.

All health staff receive regular managerial and clinical supervision and access to training to aid personal development, knowledge and skills. Staff feel well supported by managers and are highly motivated and passionate about their roles. Governance arrangements are good, with a comprehensive audit conducted across the healthcare standards. This helps to inform service delivery and drive improvement.

The healthcare clinical room is clean and meets infection control standards. Medicines management is safe, however, staff competency in medicine administration is not routinely carried out. This has not affected the well-being of the children. Regular medicine audits are carried out and refrigerator temperatures recorded daily to ensure they are within a safe range.

First-aid kits and a defibrillator are available for use in emergencies and have received first-aid training.

Children are positive about the healthcare they receive. No formal complaints had been made by the children about the care they have received from the health and well-being team.

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

Children build trusting relationships with the adults who care for them. This means they are able to share information about previous experiences, which is appropriately reported to the relevant agencies. Information shared also informs individual therapeutic work with children. As a result, children increasingly feel safe in this home.

Staff are resilient and nurturing when children are distressed. There are daily multidisciplinary management briefings to share information. Consequently, ongoing assessment about the needs and behaviours of each child informs their safety plans. Recommendations are made about levels of risk and monitoring. Staff care is informed by what is working well and what staff are worried about for each child.

There are very few reports of conflict between peers. Children are encouraged to build peer friendships. Staff are mindful of children's previous experiences of relationships and monitor interactions carefully and sensitively.

Staff use of physical restraint is proportionate and in accordance with the legislative framework. Samples of incidents reviewed showed these have been to prevent children harming themselves and/or staff. Managers conscientiously review each incident of restraint, using records, debriefings with staff and children and CCTV records to inform reviews. If learning is identified, this is disseminated and/or addressed in individual supervision with staff.

Children's health needs and injuries arising from children harming themselves during incidents are monitored and attended to. Managers are reviewing how they capture the good parenting responses by staff so that records are comprehensive.

Measures such as 'single separations' and 'managing away' are carefully used. The use is informed by the relationships and risks for individual children within the group. The rationale for single separations and timely effective monitoring of the use of them is clear in records. As soon as the reason for the use has reduced, children rejoin the group. Additionally, staff communicate effectively with children to establish and listen to their views. This ensures that the rationale is clearly understood by the children and staff learn what the children thought about the incident. This information can then be used to review strategies and plans for each child.

Currently, managing away is very rarely used. Records are clear that staff are supporting children and that the reason for the use is reviewed by managers to ensure it is proportionate and fair.

The use of such measures is robustly quality assured by home managers, by an independent experienced safeguarding consultant commissioned by the home and by the independent visitor. Managers and staff are receptive to learning and development that is identified as a result of quality assurance. This transparent approach keeps children safe and ensures that practice is scrutinised by external professionals.

Managers refer any allegations of harm or disclosures by children to the relevant agencies promptly to prevent delay for children. There are positive working relationships with the local authority designated officers and police. Managers seek advice and refer appropriately. There has been a recent agreement that managers and designated officers will meet quarterly to discuss themes and learning.

All members of staff receive training in recognising safeguarding concerns. Consequently, they know what to do and who to inform if they have any concerns about a child's welfare or safety.

Recruitment records do not consistently contain information or evidence that previous employers have been contacted to establish the reasons the members of staff have left previous care roles. Other checks, such as references from the most

recent employers and DBS checks, are in place and this shortfall has not compromised the safety of children.

The effectiveness of leaders and managers: good

This is a well-managed home. The previous registered manager left the home in September 2021. The acting manager has applied to Ofsted to be registered. The change in the leadership team has been carefully implemented to ensure continuity of care and consistent leadership for the staff team, especially the newer members.

Attention to detail and a thorough understanding of each child's needs means that they all receive high-quality care and nurturing from committed staff. The impact of COVID-19 and other staff sickness, although significant, has been very well managed and has ensured the continued safety and well-being of the children.

The occupancy rate for children has been reduced to take into account the reduced size of the staff team and the impact of COVID-19 and other staff sickness. This has coincided with plans for major refurbishment. Managers have used this time to build staff skills and training so that they have a firm basis of skill when more children come to live in the home.

In the meantime, refurbishment and redecoration has ensured that areas identified as needing improvement at the interim inspection on 29 June 2021 have been addressed. Children are living in a comfortable home and are able to personalise their own bedrooms and living areas.

The multidisciplinary teamwork is a strength of this service. Cohesive planning and a strong sense of working together mean that there is a consistent thread of care using the skills and expertise from each discipline. Information is shared between all professionals on a daily basis. This means that each child's needs are known across the board.

There have been significant changes in the staff team, with a number of staff leaving and occupancy reduced to take this into consideration. Managers are very aware of this challenge around recruitment. This is a team which is being rebuilt and developed carefully. There is a clear plan and ambition that high standards of care can be achieved. Exemplary care and outcomes are seen as an achievable and realistic goal for the future.

Feedback from social workers and other professionals is overwhelmingly positive. Professionals have told inspectors that staff get to know children quickly and that the children's care needs are met to very good standard. Communication between professionals and the home is described as good.

All staff receive structured training and induction to ensure they have the knowledge and skills to support the children and keep them safe. The implementation of an accredited award related to trauma-informed practice is an exemplar being used across other secure homes in the country.

A number of new staff have been appointed. Induction of new staff is thorough and very well structured. They feel well supported.

The influx of new staff has been a challenge for supervisors, who have not always been able to offer formal recorded supervision in line with their aims. This has been recognised and a plan for the mentoring of new staff put in place. This recent idea is yet to be embedded and consolidated in practice. The recording of supervision is varied and at times unclear. This makes auditing and follow-up of some issues difficult. One record was quickly addressed when the issue was raised, but the quality of records and regularity of supervision is an area in need of improvement.

What does the secure 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 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; or</p> <p>if an individual is employed by a person other than the registered person to work at the home in a position in which the individual may have regular contact with children, allow that individual to work at the home,</p> <p>if the individual satisfies the requirements in paragraph (3).</p> <p>The requirements are that—</p> <p>the individual is of integrity and good character;</p> <p>the individual has the appropriate experience, qualification and skills for the work that the individual is to perform;</p> <p>the individual is mentally and physically fit for the purposes of the work that the individual is to perform; and</p> <p>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)(b) (3)(a)(b)(c)(d))</p> <p>In particular, managers must ascertain the reasons why new members of staff left their previous care roles.</p>	<p>31 March 2022</p>

Recommendations

- The ethos of the home should support each child to learn. In particular, managers should maximise opportunities for children to work and learn together in lessons to develop their social skills and behaviours, their academic and vocational skills

and their resilience. ('Guide to the Children's Homes Regulations, including the quality standards', page 29, paragraph 5.18)

- It is good practice for a note of the content and or/outcomes of supervision to be kept and to ensure that both the person giving the supervision and staff member have a copy of the record. In particular, ensure that records of supervision contain enough information about how the issues discussed have been resolved. ('Guide to the Children's Homes Regulations, including the quality standards', page 61, paragraph 13.4)

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: SC046276

Provision sub-type: Secure unit

Registered provider: Devon County Council

Registered provider address: Chief Officer for Children's Social Services, Devon County Council, County Hall, Topsham Road, Exeter, Devon EX2 4QD

Responsible individual: Janet Fraser

Registered manager: Post vacant

Inspectors

Paul Taylor, Social Care Inspector

Debbie Holder, Social Care Inspector

Cathey Moriarty, Social Care Inspector

Judy Lye – Foster, HMI Further Education and Skills

Dee Angwin, Health and Justice Inspector, Care Quality Commission

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