

SC035409

Registered provider: Northumberland 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 operated by a local authority and is approved by the Department for Education to restrict children's liberty. The home can accommodate up to 15 children who are aged between 10 and 17. It has three designated living areas, Alder, Willow and Hadrian. There were 10 children living in the home at the time of this inspection.

The home provides care for children accommodated under section 25 of the Children Act 1989 who are placed by local authorities. Admission of any child under section 25 of the Children Act 1989 who is 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. Health and Education is provided on site in dedicated facilities.

The manager registered with Ofsted on 30 January 2012. She is suitably qualified and experienced to undertake this role.

Due to COVID-19, at the request of the Secretary of State, we suspended all routine inspections of social care providers on 17 March 2020. We returned to routine SCCIF inspections on 12 April 2021.

Inspection dates: 1 to 3 March 2022

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

Children's education and learning **outstanding**

Children's health **good**

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

The effectiveness of leaders and managers

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

Date of last inspection: 21 September 2021

Overall judgement at last inspection: sustained effectiveness

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
21/09/2021	Interim	Sustained effectiveness
26/11/2019	Full	Good
04/07/2019	Interim	Improved effectiveness
11/12/2018	Interim	Improved effectiveness

Inspection judgements

Overall experiences and progress of children and young people: good

Children make measurable and sustained progress in all aspects of their lives as a result of living at this home. The care and support provided by staff enables the children to begin to make sense of their past experiences, realise their self-worth and start to make safer choices.

Staff prioritise building respectful and trusting relationships with children. These relationships help children to settle quickly in the home and to feel safe. Staff know the children and understand their needs exceptionally well. Children said that they feel listened to and supported by the staff. This helps them to recognise how the care and support that they receive impacts on their progress and achievements.

All the children said that there were care staff that they could and would talk to if they were worried or anxious. One young person said, 'Staff have helped me immensely, and the progress that I have made is 100% down to the staff team.'

The physical environment of the home is safe and well maintained. The children's bedrooms are clean and tidy, and children are supported to personalise their space. For some children, this means the addition of fish tanks. Although some children said that they were unhappy with their mattresses, the majority of children said that they were very happy with their bedrooms. Creating these suitable personal spaces for children helps them to feel secure and safe in the home.

Children moving into the home experience a well-coordinated approach to their care, and all essential information pertinent to their circumstances and needs is quickly shared across the team. This information-sharing is a strength of the service. Professionals work well together to establish care plans and set targets for children. These plans and targets inform and guide practice, and they determine the therapeutic interventions that children access.

When children are ready to leave the home, their transitions are well-managed and children are well-supported and prepared for their next steps. Staff ensure that children enjoy a celebratory 'send-off' as they leave the home in order to emphasise their progress and achievements. Where there has been a delay in children's transition planning, this has not been attributed to the home and there has been appropriate challenge and escalation to the local authority.

Children's meetings take place regularly. These are well attended and children use these forums to share their views and make requests. As a result, children's views and opinions are taken seriously. Children did report that at times they have to wait for what they feel to be a long time for some requested items to be purchased. Managers and staff understand that this may leave children feeling frustrated, and they are taking action to resolve this issue.

Individual programme sessions are planned in advance and linked to care plan goals. Children engage in work in key areas such as exploitation, healthy relationships and drug and alcohol dependency. They say that they find these sessions helpful and supportive. This helps children to move forward with their lives.

Feedback from professionals is overwhelmingly positive. All were extremely complimentary of their experience of working with the staff and the managers, and of the care and support provided to the children. There is good communication between professionals, and the members of the staff team are described as highly committed and motivated to meet the needs of children. This integrated approach helps children to succeed.

The multi-agency team takes managed risks when considering whether children are able to leave the home, with staff, as part of a mobility programme. These programmes are also linked, when relevant, to children's independence plans. One child said, 'It's great to have the opportunity to test out living a sort of independent life and doing my own shopping and cooking.'

There are gaps in required information in some children's case records. For example, daily records do not capture what children do during the day outside of attending education. Furthermore, children's care plans are not consistently clear with regard to what staff do to help children to understand and embrace diversity and culture, or their own heritage.

Children are supported to spend time with their family, both face-to-face and virtually. Where family relationships are strained, staff promote and support children and their families to repair these. This ensures that these meetings are a positive experience for children.

Children's education and learning: outstanding

Managers and staff ensured that the delivery of face-to-face education continued throughout the most restrictive periods of the COVID-19 pandemic, with a small number of lessons taught remotely when staff needed to self-isolate.

Managers, including the advisory board, have a very accurate understanding of the quality of education. Staff are well qualified and highly motivated. They discuss and plan the curriculum collaboratively, teaching across a range of subjects. This ensures that children are provided with an ambitious curriculum of both academic and vocational subjects that meets their needs and interests very well.

Since the previous inspection, leaders recruited staff to cover all the vacancies that prevented them from offering the full range of planned subjects for children at the last inspection. In addition, they engage with external specialists to provide lessons in music, drama and hairdressing.

Staff quickly establish children's starting points in education and their support needs, including recognising learning difficulties promptly and accurately when they arrive at the home. Information about children is shared very well between education, care and healthcare staff. This results in the development of comprehensive education and support plans for each child, which are discussed and revised frequently.

Education leaders and staff carefully and thoughtfully consider the intent, structure and content for the curriculum within individual subjects. They also effectively consider cross-subject curriculum content, which links subjects very well for children.

Staff plan lessons and project-based learning activities that clearly set out the knowledge they intend children to gain. Staff teach the content of the curriculum very well. They provide highly effective support and challenge, which enables children to re-engage in education and make good progress in improving their confidence, attitudes and behaviours. Teachers use assessments very effectively to confirm that children are learning and applying new knowledge. They also use their findings to plan the next steps in children's journeys in education. As a result of this very effective teaching, children make excellent progress during their time at the home.

Learning accommodation and resources are of a high standard and well maintained. Children benefit from specially equipped vocational learning facilities and resources for hairdressing, design technology, carpentry and food preparation. The gym and fitness suite are well equipped.

Children's attendance at education is high. The current cohort of children enjoy and engage very well in education. Staff set clear expectations for the children regarding their behaviour in education, while taking good account of each child's individual circumstances. If children's behaviour fails to meet these expectations staff generally manage this promptly and effectively to minimise the disruption to the learning of other children. However, in a very small number of instances, continued low levels of disruptive behaviour have had a negative impact on what children can learn and achieve in lessons.

Staff effectively link projects and topics across various subjects within the curriculum to encourage and support children to consider world and British cultures, for example through art, travel and tourism and food preparation lessons. Through these experiences, children learn about the importance of respecting differences in people and society.

Education staff, care staff and healthcare staff work very effectively together to ensure that children's experiences in education are informed by a consistent, trauma-informed approach. Healthcare and education staff collaborate well on the delivery of specialist health and well-being lessons, such as sexual health and drugs awareness.

Education staff contribute very effectively to high-quality multi-agency transition plans that clearly set out, for follow-on providers and placements, children's educational progress while living at the home. Children receive regular, impartial careers advice and guidance, which helps them to plan for their next steps in education, training, or work.

Children's health: good

There is a well-resourced and experienced healthcare team, whose members are motivated to improve the health outcomes for children. Since September 2021, the primary care nurses have been based in the home. This welcomed improvement ensures that children have immediate access to a healthcare professional.

Healthcare professionals receive regular supervision, and the mandatory training for the majority of staff is up to date. Most staff spoken to felt supported by their managers and colleagues, although some staff said that they feel less supported. There has been some training delays and gaps in supervision caused by the COVID-19 pandemic. Managers are aware of this and are addressing this issue.

Since the last inspection, an electronic patient record system has been introduced for use by all healthcare staff. This ensures that essential clinical information is easily accessible. There are regular multi-disciplinary meetings, which are helping to ensure a rounded approach to meeting children's needs. Consequently, healthcare staff have excellent knowledge of the children with whom they are working.

On their admission to the home, children are seen by a registered nurse. Children are encouraged to engage in a comprehensive health assessment (CHAT). This enables the healthcare team to make referrals to specialist agencies when required. As a result, children can quickly access the appropriate support and services to meet their needs.

Children have good access to an age-appropriate range of primary care interventions. This includes access to dental care, substance misuse support, immunisations and vaccinations, and an optician. There are appropriate links made with community services and joint working when required. This ensures that children's health needs are met.

The members of the healthcare team are made aware of all significant incidents involving children, including occasions of physical restraint. During usual working hours, the nursing staff on duty assess the children without delay. This ensures that children's health needs, or any medical needs that become apparent as a result of a significant incident, are responded to. Outside of these hours, care staff access local healthcare services or emergency services for advice and support. This means that children's health needs are continually monitored.

There is a COVID-19 vaccination programme in place. Healthcare staff also provide education and support to children who decline the vaccination. Healthcare staff have continued to see children during the most restrictive periods of the pandemic.

However, they were unable to spend as much time in the homes as they usually would, to build positive relationships with children. Furthermore, some children said that they found it difficult to build relationships with some healthcare staff. As COVID-19 restrictions are lifted, healthcare staff are now focusing on building their relationships with children.

Healthcare staff prioritise seeking children's views about the health services they receive. An external organisation also worked with the children to facilitate detailed feedback. This ensures that children's views and opinions underpin service development and delivery.

The approach to implementing 'Secure Stairs' (an integrated framework that addresses the needs of children across the secure estate) is well embedded, and all children have a detailed formulation plan in place. These plans are shared with care staff and with other key professionals. Education staff and care staff benefit from reflective sessions that help them to explore different ways of working with children. This ensures that children's care continually evolves to meet their needs.

Planning for children moving out of the home is well managed and starts at the earliest opportunity. Healthcare staff and children work together to produce presentations about the child's needs, which are delivered to their new placement. Children's views, wishes and feelings are captured to help ensure that new carers are well informed. This supports children's transitions from the home.

Trained care staff administer medication, and this process is well managed. Medication is stored securely. The recording of medication administration moved to an electronic system during 2021. Due to some errors with the electronic system, a paper medication administration record chart continues to be used to ensure the safe administration of medication. Managers continue to work to resolve issues with the electronic system.

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

Staff liaise appropriately with professionals to seek and understand information about known risks and behaviours before children move into the home. This influences the approaches staff take to keep each child safe. Managers and staff always consider the needs of the children already living in the home.

It is evident from their willingness to participate in individual work following incidents and periods of distress that children value their relationships with staff. Interventions with children are effective. Children reflect and develop strategies to manage their feelings, anxieties and behaviours. As a result, there is a reduction in significant incidents, such as children harming themselves and violence towards staff.

Staff communicate with children in a timely way after any safeguarding incident. Staff use a range of creative, child-friendly tools that support children to share their views. They talk through what led to the concern and share what can be done differently to support them. In all incidents, consideration is given to involving the

staff member who the child has the best relationship with. Behaviour management plans and risk assessments are revisited and amended.

Children understand their plans and are motivated to change their behaviour with the encouragement of staff. This is reinforced by the incentive scheme that is in place. This scheme is embedded in children's daily routines. Children know and understand expectations about their behaviour in the home.

Children's risk assessments are individual and detailed. They are continually subject to review and are underpinned by the home's trauma-informed approach to practice. Risk assessments inform daily handovers and daily planning, and this helps to keep children safe.

There are regular night checks and observations, which are informed by risk assessments. However, the checks are not recorded accurately. To date, this anomaly has not impacted on children's safety. However, managers need to assure themselves that these checks are completed in line with risk assessments and accurately recorded.

As a result of consistent care and positive relationships, there has been a reduction in the use of physical restraint, managing away and single separation. When these measures are used, records provide evidence that the criteria is met, and that debriefs for children and staff take place in a timely way. Reviews of physical interventions include a review by a manager who is independent of the home. This provides an added layer of scrutiny and evaluation.

There has been one short incident of a child trying to abscond during a visit to hospital. Staff were able to follow the child and contact the police. Staff reflected on the incident, and risk assessments have been amended. This partnership working means that the child was kept safe.

There have been two referrals and one request for advice to the local authority designated officer (LADO). Managers have adhered to child protection procedures and implemented recommendations from outcome meetings. The LADO reports that managers seek advice and refer appropriately. This partnership working adds to the safety and protection of children.

Leaders ensure that any practice or conduct issues or allegations that relate to the welfare and safety of the children are reported to relevant professionals and organisations. This ensures that action is taken to immediately protect children. Complaints are minimal or low level. However, children told the inspectors that they knew how to make a complaint should the need arise.

The effectiveness of leaders and managers: good

Across care, education and health, the members of the senior leadership team work together to provide a cohesive and well-managed approach to meeting children's

needs. Staff feel well-supported in their roles by managers at all levels and describe them as visible and approachable.

Leaders and managers are effective in the delivery of high standards of care and support for children. This cascades down throughout every tier of the workforce. As a result, the children are settled and making good progress. Staff are the driving force in consistently and safely supporting children to make positive changes in all aspects of their lives.

The registered manager is highly motivated and ambitious. She leads an experienced management team, many of whom have worked at the home for a considerable period of time. Leaders, managers and staff have been part of the home's development, and their investment and commitment creates an environment where children thrive.

The home has adapted to the COVID-19 pandemic, with managers and staff working creatively together to ensure the least amount of disruption for children. Children have managed self-isolation well. They have been able to continue to participate in their mobility and transition plans and have also continued to enjoy family time, even during periods when more restrictive measures have been in place. This has given children the stability that they need to support their progress.

Despite the impact of the COVID-19 pandemic, leaders and managers have continued to strive for improvement. The induction process of new staff gives them the foundation to confidently do their work. The support and guidance that staff receive from their manager and peers, and the opportunity to engage in reflective discussions, promote consistency in care across the service. Staff are up to date with their mandatory training and a number of staff have completed additional, more specialised, training. This focus on staff equips them with the skills that they need to deliver good-quality care to children.

Staff supervision is taking place in accordance with the supervision policy. The quality of the recording fluctuates, particularly in relation to supervision records for night staff. Appraisals are not routinely taking place, and this does not give staff the opportunity to have their performance formally reviewed.

The home is warm, clean and well-maintained. The ongoing building work is improving the living and outdoor spaces, giving children more resources and spaces to 'chill out' in, or to complete focused work away from the group. The mood in the home is often animated and lively, with light-hearted banter being observed. Managers enjoy quality time with children, and the registered manager often joins in on physical education sessions with the children.

Children are very much involved in the care planning process and are supported to attend their review meetings. There is a centre-wide, child focussed-approach to all aspects of their care. Communication strategies and information-sharing are consistently good in the home and with placing authorities, social workers and independent reviewing officers.

Quality assurance and auditing processes are completed on a wide range of areas and incidents occurring in the home. The oversight of the home is thorough, and any deficits or shortfalls are addressed. Nevertheless, the management team does not always identify any lessons learned from incidents, to further inform best practice.

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 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. (Regulation 12 (1) (2)(a)(i))</p>	31 March 2022

Recommendations

- The registered person should ensure that care plans are strengthened to highlight the measures taken to support a child's ethnicity, heritage, cultural and linguistic background. (Guide to the Children's Homes Regulations, including the quality standards, page 14, paragraph 3.2)
- The registered person should ensure that from their monitoring and evaluation of the home and of staff practice, following any significant incident, that they proactively implement lessons learned in sustaining good practice. (Guide to the Children's Homes Regulations, including the quality standards, page 55, paragraph 10.24)
- The registered person should ensure that a record of supervision is kept for staff, including the manager. The record should provide evidence that supervision is being delivered in line with regulation 33(4)(b). It is good practice for the written content and/or outcomes of supervision sessions to be kept to enable staff to reflect on their practice. (Guide to the Children's Homes Regulations including the quality standards, page 61, paragraph 13.3 and 13.4)
- The registered person must ensure that all staff have their performance and fitness to carry out their role formally appraised at least once annually. This appraisal should take into account, where reasonable and practical, the views of other professionals who have worked with the staff member over the year and

children in the home's care. As part of the performance management process, poor performance should be addressed by a timely plan to bring about improvement. (Guide to the Children's Homes Regulations, including the quality standards, page 61, paragraph 13.5)

- The registered person should ensure that staff are familiar with the home's policies on record keeping and understand the importance of careful, objective, and clear recording. Staff should use language and record information on individual children in a non-stigmatising way. Information about the child must always be recorded in a way that will be helpful to the child. (Guide to the Children's Homes Regulations, including the quality standards, page 62, paragraph 14.4)

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: SC035409

Provision sub-type: Secure unit

Registered provider: Northumberland County Council,

Registered provider address: County Hall, Morpeth, Northumberland NE61 2EF

Responsible individual: Adam Hall

Registered manager: Julie Tinkler

Inspectors

Cath Sikakana, Social Care Inspector (lead)

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Debbie Holder, Social Care Inspector

Malcolm Fraser, Her Majesty's Inspector, Further Education and Skills

Catherine Raycraft, Health and Justice Inspector, Care Quality Commission

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