

# SC040500

Registered provider: Salford City Council

Full inspection

Inspected under the social care common inspection framework

## Information about this secure children's home

This secure home is operated by a local authority and is approved by the Secretary of State to restrict young people's liberty. The home accommodates up to 27 children aged between 10 and 18 years. The home was accommodating 20 children at the time of the inspection.

All places available at this home are commissioned on a contractual basis by the Youth Custody Service. The Youth Custody Service may, under certain circumstances, permit local authority children's services to spot purchase a vacant bed at the home to enable a local authority to place a child under section 25 of the Children Act 1989. The admission of any child aged under 13 years under section 25 of the Children Act 1989 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 manager has been registered with Ofsted since July 2007 but will cease to be registered on 31 January 2022. An experienced manager is in post and is in the process of registering with Ofsted.

### Inspection dates: 18 to 20 January 2022

<b>Overall experiences and progress of children and young people, taking into account</b>	<b>good</b>
Children's education and learning	good
Children's health	good
How well children and young people are helped and protected	requires improvement to be good
The effectiveness of leaders and managers	requires improvement to be good

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

**Date of last inspection:** 3 August 2021

**Overall judgement at last inspection:** sustained effectiveness

**Enforcement action since last inspection:** none

## Recent inspection history

Inspection date	Inspection type	Inspection judgement
03/08/2021	Interim	Sustained effectiveness
07/01/2020	Full	Outstanding
21/05/2019	Interim	Sustained effectiveness
08/01/2019	Interim	Sustained effectiveness

## Inspection judgements

### **Overall experiences and progress of children and young people: good**

Staff vacancies, absences through COVID-19, court-directed placements and the need to accommodate children from failing services have presented major challenges for the centre. Unavoidably, some aspects of service delivery have been below the aspirational standards that are generally associated with this service.

Children told inspectors that they benefit from their time at the centre. Children spoke about how staff take a non-judgemental approach when helping them with the behaviours and offences that led to their placements. All children said that they are receiving good care that helps them to make progress and keeps them safe. One child said, 'We know it's good here, we don't need Ofsted to tell us; it's nine out of 10.'

Children quickly settle in and form close relationships with staff. There is a strong principle of 'child first' that runs throughout the centre. Care, education and health staff work in a coordinated way to deliver individualised programmes of support. Children understand their plans and value the help and support offered by staff. A social worker highlighted this point when speaking about a child who is considering a career in social work because of his appreciation of all the support he has had from staff.

Children benefit from well-planned and effective interventions that are adjusted to reflect the needs of each child. Areas of risk such as learning disability, low self-esteem or specific communication needs are considered when delivering interventions and key-work sessions. Staff are patient and persistent in gently cajoling children to explore difficult life events. Strategies work very well and have enabled children to develop an understanding of past behaviours and coping mechanisms for the future. One child said, 'The staff have helped me to understand myself.'

Planning for resettlement starts at the beginning of each child's placement. Staff use their knowledge and experience to support external professionals. This helps plan for when children return to the community or move into a secure placement in the adult estate. External professionals are constantly made aware of their obligations in this respect. Appropriate challenge is made when these obligations are not met. Consequently, most children have left the centre in a positive and planned way.

The centre is well resourced. Children have good access to a wide range of recreational pastimes that are confidence building, purposeful and fun. Children who leave the home on a temporary licence benefit significantly from a variety of opportunities, for example to work in an animal charity shop and to attend art exhibitions. These experiences help to develop children's social and employability skills, as well as their confidence and an understanding of wider society.

Children report that the behaviour-management system works well. The opportunity to earn extra privileges motivates children to behave in a respectful manner. Throughout the inspection, inspectors experienced a calm and relaxed environment where positive relationships were characterised by emotional warmth and humorous interactions.

Children told inspectors that their wishes and feelings are taken seriously by all staff. They enjoy the regular opportunity of meeting with the home's independent advocate and indicate that staff respond quickly to their requests.

There are good examples of staff taking a proactive approach to alleviate children's anxieties around contact and court. For example, staff arranged a family group conference to explore the possibility for future contact for a child, and more recently staff purchased a new suit for a child who was due to appear in court.

### **Children's education and learning: good**

Leaders have maintained a reasonably broad and well-thought-out curriculum throughout the frequent challenges caused by the COVID-19 pandemic. However, it is recognised that the curriculum is narrower than at the previous inspection. Staffing issues continue to prevent children accessing a few aspects of the curriculum that would be helpful in their next steps, for example design and technology and construction-related subjects.

The new post-16 curriculum for a few children who have achieved pass grades in their GCSE qualifications is not yet ambitious enough to help children to progress to meaningful higher-level education, training or employment.

Teachers build strong, respectful relationships quickly with children when they arrive at the home. A large majority of the children have previously not attended school for many years. Teachers encourage children to enjoy learning through skilful teaching techniques, care and kindness. Almost all children attend education regularly. Refusals are rare. Children value their education and the opportunities that it provides immensely.

Classrooms and learning environments are calm and inclusive. Most children's behaviour is exemplary. Staff set strict boundaries around children's use of offensive and derogatory language. Children are very respectful towards staff, each other and visitors. However, a few children demonstrate disruptive behaviours in lessons, which prevents them and others from focusing fully on learning and making the swift progress they are capable of.

Staff identify children's starting points accurately when they arrive at the home. They carry out detailed initial assessments to establish gaps in their subject knowledge and skills. Staff identify psychological issues that could disrupt children's education. Managers provide additional support if children struggle to achieve expected standards, such as speech and language therapy. As a result, teachers plan their lessons effectively to take account of individual children's needs and to

break down barriers to learning. While at the home, almost all children achieve accredited qualifications that will be beneficial in their next steps and/or future careers.

Most teachers sequence lessons logically to ensure that children develop new knowledge, skills and behaviours incrementally over time. Teachers use well-thought-out and often topical themes to reinforce learning. Children learn useful, practical subjects in the curriculum, such as art and food technology, which provide a therapeutic approach to learning and help them to develop independent living skills.

Teachers are suitably qualified to teach their subjects. Support staff work closely with subject teachers to help children to progress quickly in their learning. However, due to a few instances of long-term staff sickness, in-class support in a minority of subjects is often carried out by teachers from other areas or by residential staff. Consequently, children in these subject areas do not receive the support they need to help them to focus fully on lessons and to make the progress they are capable of.

Most teachers provide clear, written feedback that identifies 'what went well' and 'even better if'. This helps most children to understand how they can improve their work so that they can make better and more rapid progress in their learning.

Feedback from a few teachers is brief. The work that children complete in their house units is of a poor standard due to the lack of supervision and the right support.

Children have access to high-quality learning resources that are readily available throughout their time at the home. For example, children make good use of the music performance recording studio, library and art resources, such as clay wheels, to enhance their learning and to further develop their skills in these subjects. Staff's focus on reading develops children's interest in reading for pleasure and quickly improves their reading ability.

Children benefit from regular, independent careers information, advice and guidance interviews. These help most children to successfully identify their interests and future career options.

The education management board that was in place at the previous inspection is not currently active. Senior leaders recognise the need for a board that is responsible for governance and have extended its purpose to include care and health, with the first meeting due to take place in February 2022. This will provide additional support and challenge to leaders to ensure that the quality of care, education and health education at the centre is of a high standard.

### **Children's health: good**

There is a highly skilled, experienced and fully staffed integrated healthcare team, which is passionate about improving outcomes for the children it supports. At times,

staffing has been affected by COVID-19. Collaborative working across the centre has ensured that children's physical, emotional and mental health needs have been consistently met.

The healthcare team supports the wider centre with managing and reducing the risks of COVID-19. Despite a recent outbreak, appropriate infection control procedures are in place. Healthcare professionals continue to have access and see children who are isolating to ensure that their health needs are met.

On arrival at the centre, children are seen at the earliest opportunity by a registered nurse and an initial health screen is completed. The comprehensive health assessment is completed within expected timescales and appropriate referrals made. Healthcare plans are developed and shared with care and education staff. This ensures that all staff are aware of any health needs the child may have and ensure that appropriate action is taken.

Health promotion is well embedded and targeted to individual need. Children have access to an age-appropriate range of primary care interventions. This includes access to the dental service, substance misuse support, immunisations and vaccinations, including COVID-19 vaccine, and an optician. The reintroduction of a full range of sexual health screening services has further improved the health offer. There is a routine weekly GP clinic. This service is flexible and will attend outside of this clinic if necessary. This ensures that children's known and emerging health needs are met in a timely way.

Children are well supported should they require urgent care. This includes arrangements for out-of-hours services. Nurses are informed about significant incidents involving children, such as the use of physical intervention. This is done in a timely manner, meaning they can respond to children's needs.

The 'Secure Stairs' ethos (a multidisciplinary approach to assessment and planning in secure settings) continues to be fully utilised. All children have a very detailed formulation plan, which is understood and implemented by staff. Reflective practice sessions are held on a regular basis to help all staff explore different ways of working with children who have complex needs, while considering the impact their role has on them as a person. Healthcare staff are responsive and deliver further training for staff around specific health needs of individual children.

Systems are in place to ensure that children's health information is shared in a timely manner when children leave the centre. This ensures that appointments are arranged to help to continue to meet any health needs.

Care staff are trained and assessed as competent to administer medication. When required, additional guidance and support are offered, for example to address minor errors when recording the administration of 'as and when required' medication. Medication is stored securely and stock levels are checked regularly. However, some immunisations and vaccinations had exceeded their expiry date. Children had not been given these and managers removed and disposed of all out-of-date stock.

Due to staffing pressures arising from the pandemic, care managers have not completed regular medication audits. This had had very little impact on medication management. On the one occasion when a discrepancy was identified, care staff took the appropriate action, including requesting clinical advice.

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

The efforts made by managers and staff have not always maintained the safety standards to which they aspire. Most significant is the failure of staff to recognise and promptly report the potential risk of an item going missing from the staff office. This item was found nearly three weeks later, having been fashioned into a weapon. This was during a search for an unrelated item. Although no harm was caused, the potential for serious harm to children or staff was clearly there.

On three occasions, staff have found children to be in possession of mobile phones, smuggled in by families and other means. When discovered, managers made every effort to identify who children had been in contact with and by what means. Children were found to have accessed unknown contacts and shared images on social media of themselves and other children living in the centre. This information was shared with all relevant agencies and does not appear to have had any impact on the security and safety of those in the centre and others in the community.

Managers have failed to notify Ofsted of the three security breaches or the child being in possession of a homemade weapon. It is accepted that this is an oversight rather than a failure to be transparent, based on other agencies being fully briefed. It was incredibly difficult for inspectors to assure themselves that the right action had been taken by managers and staff. This is because of the poor-quality and disjointed recordings, an issue that had not been identified by managers.

Detailed risk assessments identify areas of vulnerability and contain professionally informed plans to manage and reduce risk. A centre-wide approach is taken to implementing these plans. Importantly, children are actively involved in the development of these plans, which, overall, are effective in helping children understand and change their attitude to risk and offending behaviour.

The use of physical restraint is safe and proportionate. All incidents are reviewed internally by managers and include an extra layer of external scrutiny provided by the local authority designated officer. Children's physical well-being is checked by medical staff and independent debriefs are completed by the interventions team. This gives children the opportunity to express their views and opinions about how they have been treated.

The use of single separation and children being managed away is appropriate. All measures are checked by managers to ensure that the imposition of these measures is proportionate. The recording of some incidents is inconsistent and makes evaluation and monitoring difficult. Staff are not always using the established format to capture the process. For example, a senior member of staff and an inspector had



to refer to three different documents to track one incident, when this information should have been contained in one record. This is another example of where oversight and monitoring have failed to identify shortfalls.

It is clear from the interactions seen during the inspection that there is a culture of tolerance and mutual respect throughout the centre. Children said that the rules are fair, with one child saying, 'They are common-sense really.' Positive behaviour is reinforced using incentives, rewards, affirmation and praise. Less than good behaviour is proportionally challenged, using a restorative approach.

Staff know who to inform and what processes to follow if they have concerns about a child's welfare. External stakeholders, such as social workers and the local authority designated officer, confirm good communication and prompt information-sharing when concerns arise. This means that concerns can be addressed, and plans put in place swiftly to keep children safe.

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

The need to respond to shortfalls in staffing has compromised the time that managers can spend maintaining oversight and quality-assuring staff practice. This was evident throughout the inspection, where inspectors identified issues such as poor-quality records, including serious incident records, missed medication audits and a failure to inform Ofsted of serious security breaches.

Managers and staff have had to be responsive to these challenges, adapting practice to keep children and staff safe. Open and honest conversations with children mean that they have understood when changes have had to be made. This includes, for example, when staffing levels have been so low that children have had to spend unusually long periods of time doing activities while locked in their bedrooms. A child said, 'It was a bit boring, but staff did what they could.'

Staff practice and the conduct of the centre are subject to external scrutiny each month. The independent visitor provides five separate reports following the visit(s). These are of variable quality and would benefit from standardised reporting. For example, some reports refer to single separation and contain feedback from parents and professionals and some do not. Furthermore, the visitor does not make clear their opinion as to whether children are safeguarded effectively and whether the conduct of the centre promotes children's well-being.

Health staff offer monthly clinical supervision for staff. This is an opportunity for staff to reflect and to rationalise the challenges of their work, and is an essential part of building resilience, in line with the 'Secure Stairs' model. However, staff do not receive regular practice-based supervision. The tracker used to monitor supervision reflected monthly supervision levels as low as 9% for staff in one unit. Records of supervisions that had been completed were of variable quality and did little to evidence how individual staff development was being promoted. There was also an absence of signatures on supervision records.

Good succession planning has minimised the impact of the long-serving registered manager leaving. The new manager, who is in the process of registering with Ofsted, has a wealth of senior leadership experience in youth justice. She has a good understanding of offending behaviour and the strengths of the centre, and has a clear vision of the direction in which she wants to take the service. Plans are in place for this but opportunities for development have been limited due to the need for her to work directly on shift. The positive taken from this is the credibility she has built with staff throughout the centre. One member of staff said, '[Name of the manager] is really impressive. Her support and the support of senior managers in general, has been unquestionable. They were definitely in the thick of it with us.'

There is no doubt that leaders, managers and staff are child-focused and intent on ensuring that children receive the best care possible. They are realistic about their current position but are also aspirational about returning to being an outstanding service for children. It is pleasing that, at this inspection, the challenges seen previously are subsiding. The impact of COVID-19 has reduced, with most staff back at work. A successful recruitment drive means that most care vacancies will be filled at the next intake, and efforts are continuing to appoint to the vacancies in education and the senior leadership team.

## 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 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>have the skills to identify and act upon signs that a child is at risk of harm;</p> <p>understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person;</p> <p>take effective action whenever there is a serious concern about a child's welfare; and</p> <p>are familiar with, and act in accordance with, the home's child protection policies. (Regulation 12 (1) (2)(a)(iii)(v)(vi)(vii))</p> <p>In particular, staff should share their concerns with managers and other staff and act swiftly and effectively if they are aware that there may be something dangerous that children have access to, such as an improvised weapon or mobile telephone.</p>	24 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> <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>	28 February 2022

<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>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)(c)(d)(h))</p>	
<p>The registered person must ensure that all employees—</p> <p>receive practice-related supervision by a person with appropriate experience. (Regulation 33 (4)(b))</p>	28 February 2022
<p>The registered person must maintain records ("case records") for each child which—</p> <p>include the information and documents listed in Schedule 3 in relation to each child;</p> <p>are kept up to date; and</p> <p>are signed and dated by the author of each entry. (Regulation 36 (1)(a)(b)(c))</p> <p>Specifically, improve the quality of records, in particular those relating to serious incidents.</p>	28 February 2022
<p>The registered person must notify HMCI and each other relevant person without delay if—</p> <p>there is any other incident relating to a child which the registered person considers to be serious. (Regulation 40 (4)(e))</p> <p>Specifically, ensure that Ofsted is notified of any security breaches and if any prohibited item is found in the home.</p>	28 February 2022

## Recommendations

- The registered person and education leaders should:
  - urgently reinstate the breadth of the curriculum and ensure that the post-16 curriculum is sufficiently ambitious to help children to progress to meaningful higher-level education, training or employment
  - ensure that all children's behaviour in lessons is appropriate and respectful and that any disruptive behaviour is challenged effectively
  - ensure that all teachers provide helpful written feedback on children's work to help them to make the rapid progress they are capable of
  - ensure that residential staff are trained to support children with their learning on accommodation units to ensure that their work is of a consistently high standard and contains appropriate language and content.

('Guide to the children's homes regulations, including the quality standards', page 29, paragraph 5.18)

## 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:** SC040500

**Provision sub-type:** Secure unit

**Registered provider:** Salford City Council

**Registered provider address:** Civic Centre, Chorley Road, Swinton, Manchester M27 5DA

**Responsible individual:** Michael Kelly

**Registered manager:** Michael Lowry MBE

## Inspectors

Paul Scott, Social Care Inspector

Barnaby Dowell, Social Care Inspector

Paul Taylor, Social Care Inspector

Suzanne Wainwright, Her Majesty's Inspector, Further Education and Skills

Catherine Raycraft, Health and Justice Inspector, Care Quality Commission

Helen Lloyd, Health and Justice Inspector, Care Quality Commission

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Piccadilly Gate  
Store Street  
Manchester  
M1 2WD

T: 0300 123 1231  
Textphone: 0161 618 8524  
E: [enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk)  
W: [www.gov.uk/ofsted](http://www.gov.uk/ofsted)

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