

# 1234317

Registered provider: Care 4 Children Residential Services Limited

Full inspection

Inspected under the social care common inspection framework

## Information about this children's home

A private company owns and operates the home, offering short to medium-term care for up to six children aged from 11 to 17 years. The children may have experienced trauma and exploitation and may also have emotional and/or social difficulties.

The home has no registered manager. However, an interim manager is in place who is suitably qualified.

### Inspection dates: 10 and 11 May 2022

<b>Overall experiences and progress of children and young people,</b> taking into account	<b>requires improvement to be good</b>
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How well children and young people are helped and protected	requires improvement to be good
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The effectiveness of leaders and managers	requires improvement to be good
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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:** 6 January 2022

**Overall judgement at last inspection:** declined in effectiveness

**Enforcement action since last inspection:** none

## Recent inspection history

Inspection date	Inspection type	Inspection judgement
06/01/2022	Interim	Declined in effectiveness
25/05/2021	Full	Requires improvement to be good
03/02/2020	Full	Inadequate
03/05/2018	Full	Good

## Inspection judgements

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

Shortfalls in the leadership and management of the home have contributed to the overall judgement of requires improvement to be good. The continued shortfalls in management and staff practice are affecting the children's overall progress.

Some children enjoy positive relationships with staff. However, the manager and staff do not have a great depth of awareness of the children's circumstances or level of need. This stifles the team's capacity to hold meaningful conversations about sensitive issues that children need support with. Most conversations between staff and children are superficial, leaving children feeling uncertain about their plans and confused about decision-making.

Children's placement plans compiled by staff are ambiguous in terms of future planning, particularly around transitions to new settings and/or schools. This demonstrates a lack of forward planning and inhibits the manager's capacity to challenge local authorities.

Despite information being readily available to the manager and his team in statutory documents, staff have failed to act in some instances. For example, staff have failed to access specific health services for a child. Consequently, staff have overlooked and not fully understood elements of the child's care needs.

Children enjoy access to a limited number of activities. The manager is aware that the breadth of activities on offer, in addition to the support for children to pursue their own hobbies and interests, needs to improve. Staff do not consistently create opportunities for children to pursue their individual passions; consequently, the children's care is not personalised in this respect.

Children nor staff benefit from the clinical services that the setting's statement of purpose specifies. Care practices are not clinically informed, and the clinical lead acknowledged that her input is ad hoc and informal. The inspector noted that clinical services are in a period of transition and that there are plans to better structure this service.

Children have no means to reminisce using photos or memory books. Positive memories that children experience at the setting are likely to become fragmented and lost. The manager has recognised this and has already implemented an action plan.

The manager has worked hard with regard to providing structure and inspiring children to become re-engaged with their learning, where previously this had been lacking. A headteacher told the inspector that, since the arrival of the new manager, she has noted a significant improvement in the children's attendance at school, in addition to children's enjoyment of learning increasing. This has enabled children to

have a sense of purpose to their day, but crucially has given the children a sense of direction in their lives.

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

Risk assessments are generally well written. However, risk assessments associated with managing children's time in the community are punitive, disproportionate and lack creativity. Care practices around risk analysis fail to acknowledge the need to reward children with responsibilities.

The use of children's bedroom door alarms in the home is standard practice and therefore excessive. The manager's application of using door alarms as a safeguarding measure is unfounded for some children. There is no evidence of assessed risk, which the manager accepted and plans to address.

Some children's relationships with their carers have become strained as events that have created tension are unresolved by the manager. This diminishes the responsibility of staff to assist children to acquire the skills needed to repair strained relationships. It also prevents staff from demonstrating their accountability to children when they should have approached certain situations more professionally.

Missing-from-home episodes involving children are extremely rare. Risk assessments in this area incorporate strategies to manage searches for children in a rural setting. The manager has ensured that there are grab bags ready, which include safety equipment for staff. Children also have clear Philomena Protocol plans which will help prevent delay in the event of children going missing from home.

Restraints involving children are not common in the home. When staff have deemed restraint as being necessary, there is a robust response from the manager in terms of his oversight. The manager ensures that there is the opportunity for children to talk through the incident. This ensures that there is scope for staff and children to reflect and learn.

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

There has been a lack of oversight from successive managers in undertaking a report on the quality of care and submitting this to the regulator. The manager has failed to recognise the benefit of completing timely reports on the quality of care. The manager has therefore restricted his knowledge of the setting. Consequently, the manager has been ill-equipped to undertake an action plan to improve the standard of care to children.

The manager's knowledge of the children is superficial, which limits his capacity to guide and influence staff. In addition to this, it prevents effective challenge to the

children's respective local authorities. This has contributed to unnecessary delay in decision-making, particularly around transition planning.

Although the organisation promotes a bespoke therapeutic model of care, none of the staff have received the training over a significant period. This is limiting staff's ability to support children effectively and increase their awareness to effectively offer the appropriate level of care to children. The manager had recognised this and has taken steps to acquire the necessary training for the whole team.

The responsible individual is proactive in supporting management and is making frequent visits to impart her experience and knowledge. This has helped to support the manager in his role.

The organisation's recruitment checks are thorough. The recruitment department has made extensive efforts to pursue the context around why prospective employees have moved on from other care settings. This level of due diligence keeps children safer.

The responsible individual, manager and his deputy have been undertaking frequent supervision with staff. Staff appreciate their supervisions and find them crucial for their development. Management and staff are passionate to consistently apply the necessary level of care, which bodes well for children.

## 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>In meeting the quality standards, the registered person must, and must ensure that staff—</p> <p>seek to involve each child's placing authority effectively in the child's care, in accordance with the child's relevant plans;</p> <p>seek to secure the input and services required to meet each child's needs;</p> <p>if the registered person considers, or staff consider, a placing authority's or a relevant person's performance or response to be inadequate in relation to their role, challenge the placing authority or the relevant person to seek to ensure that each child's needs are met in accordance with the child's relevant plans; and</p> <p>seek to develop and maintain effective professional relationships with such persons, bodies or organisations as the registered person considers appropriate having regard to the range of needs of children for whom it is intended that the children's home is to provide care and accommodation. (Regulation 5 (a)(b)(c)(d))</p>	1 June 2022
<p>The children's views, wishes and feelings standard is that children receive care from staff who—</p> <p>develop positive relationships with them;</p> <p>engage with them; and</p> <p>take their views, wishes and feelings into account in relation to matters affecting the children's care and welfare and their lives.</p> <p>In particular, the standard in paragraph (1) requires the registered person to—</p> <p>ensure that staff—</p>	1 June 2022

<p>ascertain and consider each child's views, wishes and feelings, and balance these against what they judge to be in the child's best interests when making decisions about the child's care and welfare;</p> <p>help each child to express views, wishes and feelings;</p> <p>help each child to understand how the child's views, wishes and feelings have been taken into account and give the child reasons for decisions in relation to the child;</p> <p>ensure that each child—</p> <p>is enabled to provide feedback to, and raise issues with, a relevant person about the support and services that the child receives.</p> <p>(Regulation 7 (1)(a)(b)(c) (2)(a)(i)(ii)(iii)(b)(i))</p>	
<p>The health and well-being standard is that—</p> <p>the health and well-being needs of children are met;</p> <p>children receive advice, services and support in relation to their health and well-being; and</p> <p>children are helped to lead healthy lifestyles.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that staff help each child to—</p> <p>achieve the health and well-being outcomes that are recorded in the child's relevant plans;</p> <p>understand the child's health and well-being needs and the options that are available in relation to the child's health and well-being, in a way that is appropriate to the child's age and understanding.</p> <p>(Regulation 10 (1)(a)(b)(c) (2)(a)(i)(ii))</p>	<p>1 June 2022</p>
<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>1 June 2022</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> <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 work as a team where appropriate;</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>demonstrate that practice in the home is informed and improved by taking into account and acting on—</p> <p>feedback on the experiences of children, including complaints received; and</p> <p>use monitoring and review systems to make continuous improvements in the quality of care provided in the home.</p> <p>(Regulation 13 (1)(a)(b) (2)(a)(b)(c)(d)(e)(f)(g)(i)(h))</p>	
<p>The registered person must ensure that—</p> <p>the privacy of children is appropriately protected;</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 June 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.</p> <p>(Regulation 21 (a)(c)(i)(ii)(iii)(iv))</p>	
<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.</p> <p>(Regulation 45 (1) (2)(a)(b)(c) (3) (4)(a)(b) (5))</p>	<p>1 June 2022</p>

## Recommendations

- The registered person must ensure that staff have the skills and confidence to communicate easily and understand the importance of listening to, involving and responding to the children they care for. Staff should understand that they have a responsibility to observe, notice and respond to children who are expressing their views, acknowledging that it is not the sole responsibility of the child to 'tell'. They should also understand how children might communicate their feelings through their behaviour, or non-verbally, especially where the child has a disability which does not allow them to communicate as others might. This practice will assist staff with the application of key-work sessions with children. ('Guide to the Children's Homes Regulations, including the quality standards', page 22, paragraph 4.10)
- The registered person should ensure that children are offered a wide range of activities both inside and outside the home (where appropriate) and are encouraged to participate in those activities. Staff should support children to take part in school trips, out-of-school and other clubs, volunteering and leisure activities. ('Guide to the Children's Homes Regulations, including the quality standards', page 31, paragraph 6.5)
- The registered person should ensure that staff can access appropriate facilities and resources to support their training needs and should understand the key role they play in the training and development of staff in the home, in particular ensuring that staff access training that is specified in the setting's statement of purpose. ('Guide to the Children's Homes Regulations, including the quality standards', page 53, paragraph 10.11)

## 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:** 1234317

**Provision sub-type:** Children's home

**Registered provider:** Care 4 Children Residential Services Limited

**Registered provider address:** Care 4 Children, 1 Stuart Road, Bredbury Park Industrial Estate, Bredbury, Stockport SK6 2SR

**Responsible individual:** Lisa Baxter

**Registered manager:** Post vacant

## Inspectors

Steve Guirey, Social Care Inspector

Rachel Webster, Social Care Inspector

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