

# 1256973

Registered provider: Cameron & Cooper Limited

Full inspection

Inspected under the social care common inspection framework

## Information about this children's home

This home is registered to provide care for up to six children with social, emotional and mental health difficulties. It is owned and run by a private organisation. There are currently five children living at the home.

There has been no registered manager since May 2019.

The children living at the home attend the organisation's school, which is located on the same site. The inspectors only inspected the social care provision.

### Inspection dates: 24 and 25 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:** 23 August 2021

**Overall judgement at last inspection:** good

### Enforcement action since last inspection:

A restriction of accommodation notice was ended and three compliance notices in respect of regulation 12, the protection of children standard, regulation 13, the leadership and management standard and regulation 23, the care of medication were deemed met at a monitoring visit carried out on 8 March 2022.

## Recent inspection history

Inspection date	Inspection type	Inspection judgement
23/08/2021	Full	Good
15/10/2019	Full	Good
14/02/2019	Interim	Declined in effectiveness
22/05/2018	Full	Good

## Inspection judgements

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

Not all children are experiencing well-planned care. During the inspection, staff were observed to lack the confidence to manage one child's behaviour, and interactions did not demonstrate mutual respect. Managers have already recognised that staff are struggling to meet the child's complex needs and have asked the child's placing authority to find the child a new home. Managers have agreed to extend the notice period for the child to reduce the risk of them needing emergency accommodation. In the meantime, managers have accepted a new child into the home but have not put sufficient thought into structures and routines for all the children. Some children's behaviour is having a negative impact on other children. As a result, children are not benefiting from opportunities to learn how to build and maintain positive relationships with each other and with staff.

Children's educational experiences vary in quality. Careful planning and proactive support from staff have ensured that one child can attend their previous school so they can sit their GCSE exams. The other children attend the organisation's on-site school but struggle to stay in school full-time. Some children spend large amounts of time with the care staff when they should be in their lessons. One member of staff told the inspectors that they would like more support to ensure that children are still engaging in learning during these times. A social worker for a child reported that they would like to see staff addressing the child's sporadic school attendance more effectively. They also said that the child would benefit from more support to develop their independence skills. There are missed opportunities to ensure that children are engaging and achieving in education and that they are being helped to prepare for living more independently in the future.

Children are not routinely offered a healthy, balanced diet. During the inspection, despite high staffing levels, children were seen to be making unhealthy food choices. Although medical advice is now being sought for one child's weight, several gaps in records have the potential to impede a health professional's investigation.

There have been some improvements to the decor of the home in recent months. However, some areas have a neglected and unclean presentation. This means that children are not experiencing nurturing care in a clean, comfortable, homely environment.

An inclusive culture which promotes equality and diversity enables children to explore their developing sense of identity. There is a strong ethos of supporting children to celebrate who they want to be. This has helped children to make good progress in relation to their emotional well-being.

Children have access to recreational activities in the community, which means that they can explore their talents and interests. In one example, a child has been

attending a local drama club and has taken part in two productions. Managers arranged for a group of staff and other children to go and watch one of the performances with the child's family. Celebrating achievements with people who are important to children makes them feel valued.

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

Before a new child moves into the home, a risk assessment is completed to help assess compatibility with children who are already living at the home. However, the risk assessment does not describe what action staff need to take to mitigate these risks.

Inspectors found several shortfalls in relation to the storing, administering and recording of medication. During the inspection, the manager took steps to address the most significant shortfall, regarding the labelling of the bottle of a child's pain relief tablets. Managers carrying out internal medication audits are not identifying shortfalls in the medication process. There is a risk that medication errors will occur because improvements in medication processes which were evident at the last inspection have not been sustained.

Children's plans lack clarity about their allergies. Managers are also unable to describe the extent to which children's allergies affect them, although they are clear that none of the children's allergies cause a reaction which requires immediate medical attention. There is currently a reliance on agency staff to look after children and so, without clear written advice for staff, there is a risk that children will be offered food and drink to which they will have an adverse reaction which causes them discomfort.

There are procedures in place which are designed to protect children from unsafe use of social media and the internet. However, staff do not consistently follow children's risk assessments in relation to online safety. In one example, a child's risk assessment indicates that their electronic tablet should be removed from their bedroom overnight. This is to safeguard the child from unsupervised use of the tablet and is also a measure to help the child to establish a healthy sleeping pattern. However, staff have not been consistently asking the child to hand in the tablet at bedtime because they have found this causes distress for the child. In the week that the child has lived at the home, managers have not proactively sought a safe, alternative way to reduce the child's exposure to the risks which they have identified.

There has been a recent safeguarding incident when a child disclosed information about an incident involving a stranger which happened when the child was unsupervised in the local community. The child reported the incident to a member of staff, who failed to take any action. The following day, the child repeated the disclosure to a member of school staff, who passed the information on to managers. Managers took swift and effective action to safeguard the child, including involving the appropriate external safeguarding agencies. They have ensured that the staff

member who did not follow procedures has received additional safeguarding training to reduce the risk of a similar incident happening again. Managers reported the incident to Ofsted but did not include all the relevant details.

Managers are working closely with other professionals to identify ways of supporting a child whose incidents of going missing from care have increased in recent months. The child reports, and their records confirm, that they misuse alcohol when they go missing. However, managers are of the opinion that the child's alcohol misuse is overstated. As a result, there is a risk that the child will not get the support they need if they appear to be under the influence of alcohol when they return home from being missing.

When agency staff are employed, checks are carried out to ensure that the agency has fulfilled its responsibility to make sure that staff are safe to work with children. This reduces the potential for unsuitable adults to be employed at the home.

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

There is currently no registered manager at the home. The manager in day-to-day charge of the home has applied to register with Ofsted.

Staff recruitment and retention have been an ongoing challenge. Managers are actively recruiting to fill care staff vacancies. In the meantime, agency staff are being employed to fill rota gaps. Children and other professionals told the inspectors that this has a negative impact on children's quality of care. Managers recognise that the staff team is largely made up of members of staff who do not have the skills and experience to support children who have complex needs, so managers look carefully at children's needs before they agree to look after them.

Managers have recognised that making the electronic record-keeping system more streamlined will support staff to consistently complete clear and accurate records. They have designed a simpler recording form for staff to use when behavioural incidents occur. The form is yet to be introduced and, in the meantime, records completed by staff do not have sound structure and purpose. Managers do not have effective systems to provide sufficient oversight and scrutiny to ensure that good practice is maintained in relation to children's records.

Managers are committed to empowering children to have a say in decisions which affect them. Children and their families know how to complain if they are unhappy about any aspect of a child's care. Complaints are taken seriously, investigated and acted on. However, when managers resolved a recent complaint, they concluded that the child would benefit from having a visual reference to tell them who they should speak to if they were worried about something. This has not been provided for the child. This means that, if the child has concerns in the future, they cannot be confident that they are approaching the best person to make sure that concerns are addressed without delay.

Managers have invested time and energy into improving the frequency and quality of team meetings and staff supervision sessions. They recognise the importance of these as a way of giving staff space to reflect on practice. However, minutes of the meetings do not fully demonstrate that they are helping staff to develop a shared understanding of how to safely meet children's needs in line with their care plans and risk assessments.

Managers have completed a workforce plan which provides a comprehensive description of the staff induction and training programme, and the professional development needs of the staff 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 education standard is that children make measurable progress towards achieving their educational potential and are helped to do so.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that staff—</p> <p>understand the barriers to learning that each child may face and take appropriate action to help the child to overcome any such barriers;</p> <p>promote opportunities for each child to learn informally. (Regulation 8 (1) (2)(a)(iii)(v))</p>	31 August 2022
<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. (Regulation 10 (1)(a)(b)(c))</p> <p>Specifically, children should be encouraged to eat a balanced diet, and children's plans must provide clear information about their allergies.</p>	31 August 2022
<p>The positive relationships standard is that children are helped to develop, and to benefit from, relationships based on—</p> <p>mutual respect and trust;</p> <p>an understanding about acceptable behaviour; and</p>	31 August 2022

positive responses to other children and adults. (Regulation 11 (1)(a)(b)(c))	
<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 the home’s day-to-day care is arranged and delivered so as to keep each child safe and to protect each child effectively from harm. (Regulation 12 (1) (2)(b))</p> <p>This is with specific reference to ensuring that individual risk assessments contain the required detail to reliably inform staff how to keep children safe, and compatibility risk assessments demonstrate how new children’s needs can be safely met alongside those of children already living at the home.</p>	31 August 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> <p>ensure that the home has sufficient staff to provide care for 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)(d)(h))</p>	31 August 2022
<p>The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children’s home.</p> <p>(Regulation 23 (1))</p>	31 August 2022



## Recommendations

- The registered person should ensure that the children's home is a nurturing and supportive environment that meets the needs of the children, and that it is a homely, domestic environment. ('Guide to the Children's Homes Regulations, including the quality standards', page 15, paragraph 3.9)
- The registered person should ensure that children can see the results of their views being listened to and acted upon. ('Guide to the Children's Homes Regulations, including the quality standards', page 22, paragraph 4.11)
- The registered person should ensure that team meeting minutes demonstrate that they are leading a team which provides high-quality care for all children living in the home; and developing a culture of high aspiration for children which is demonstrated through the care, resources and opportunities offered to the children. ('Guide to the Children's Homes Regulations, including the quality standards', page 52, paragraph 10.4)
- The registered person should ensure that records of serious events include a description of the action taken and the outcome of any resulting investigation. ('Guide to the Children's Homes Regulations, including the quality standards', page 63, paragraph 14.14)

## 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:** 1256973

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

**Registered provider:** Cameron & Cooper Limited

**Registered provider address:** Accord Accountants, 191–193 High Street,  
Hampton Hill TW12 1NL

**Responsible individual:** Camilla McInnes

**Registered manager:** Post vacant

## Inspectors

Helen Simmons, Social Care Inspector

Mark Dawkins, Social Care Inspector

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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)  
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