

# 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 and is approved by the Secretary of State to restrict children's liberty. The children's home can accommodate up to 12 children aged between 10 and 17 years 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 manager is registered with Ofsted. There were four children living in the home at the time of the inspection.

### Inspection dates: 7 to 9 June 2022

<b>Overall experiences and progress of children and young people,</b> taking into account	<b>good</b>
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	requires improvement to be good

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

**Date of last inspection:** 9 February 2022

**Overall judgement at last inspection:** good

**Enforcement action since last inspection:** none

## Recent inspection history

Inspection date	Inspection type	Inspection judgement
09/02/2022	Full	Good
29/06/2021	Interim	Sustained effectiveness
03/03/2020	Interim	Sustained effectiveness
08/10/2019	Full	Good

## Inspection judgements

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

Children are making good progress in all areas of their lives. They have good routines, are doing well in education and have improving health.

Staff build secure relationships with children. Children say that they feel safer living in the home.

Care and safety support plans set out in detail the needs of each child. These include specific strategies for the staff to follow to ensure that children benefit from consistent care. Staff are aware of children's preferences. Each child has goals that they identify and understand. Plans are regularly reviewed and monitored to track each child's progress.

Children presented as confident and happy to speak to inspectors. Inspectors observed positive interaction between staff and children. There was a calm and relaxed atmosphere.

Children are positive about the variety of social and leisure activities they take part in. These include cycling, football, visiting a zoo, visiting arcades and doing arts and crafts. They are developing social skills and confidence in preparation for moving on from the home.

Planning for moving on from the home is a priority. Managers hold relevant agencies to account when there are delays in identifying suitable placements for children leaving the home.

There are very good examples of children experiencing positive transitions. Children visit their new homes and meet their carers. One child decorated her new bedroom before moving in. There is continued contact with children after they leave, to support them to settle.

Staff work closely with external professionals and the team around the child to continuously assess each child's needs. They stay in touch with family members to promote positive, safe visiting and telephone contact arrangements. As a result, for some children, relationships have repaired and improved.

Consultation with children is part of everyday life at the home, for example, through individual key work and meetings with peers. The children's suggestions are listened to and where appropriate are acted on. Children influence menu planning, the home decor and activities.

The home is well furnished, decorated, clean and tidy. Areas are personalised, particularly the children's bedrooms. The home reflects the children's interests, for example, sensory toys and children's artwork.

The outside areas of the home are safe. However, one area does not have fencing that ensures the privacy of children or neighbours.

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

Children have a varied curriculum that enables them to follow their interests and helps to prepare them for their next stage in education. All children study English, mathematics, science and physical education. They can add other subjects such as design and technology, hairdressing, art, environmental studies and music. Leaders and managers have introduced subjects and experiences in response to children's views.

Managers ensure that, where appropriate, children work towards achieving accredited qualifications or receive unit accreditation for the work they complete. Children are proud and motivated by this formal recognition.

Senior leaders employ a trauma recovery model which has brought together the health, care and education teams to support the needs of the children. As a result, the teams work together to maintain high levels of attendance in education and to support learning in the residential areas.

Most teachers use children's prior educational information skilfully to plan what they will teach. Managers ensure that children receive appropriate specialist support, such as speech and language therapy.

Staff carefully monitor the progress each child is making across all subjects and in their personal and social development. School staff work closely together to give children accurate and helpful feedback on their learning and their development of wider life skills.

Teachers are appropriately qualified and most are experienced in teaching children with complex needs. However, a few need further support in improving their teaching practice. A few teachers do not focus enough on the learning objectives and as a result the pace of learning is too slow. Managers have already established a coaching scheme to address this.

In practical subjects, such as art, and design and technology, teachers deliver inspirational projects. For example, children have produced a large sunflower to recognise the plight of the people in Ukraine. Through these projects, teachers plan learning well and children develop their knowledge and skills over time. Through repetition and refinement, they take steps towards command of skills. Children produce work of a good standard. They use equipment safely, for example, scissors, and a range of hand tools.

Despite the best efforts of staff, a small number of children are reluctant to attend English and mathematics sessions. Teachers from across the curriculum support children to develop mathematics and English skills. However, not all teachers have

common targets or approaches to teaching these subjects. As a result, children make slower progress in these skills when they are taught as part of other subject areas.

Children benefit from external work experience appropriate to their studies and personal education plans. Leaders have organised suitable and flexible support regarding independent careers and next steps guidance. Consequently, children are supported to make informed decisions about their future training and employment options.

Managers work closely with external agencies to help children to understand topics such as sex and relationships, appropriate to their age and context. Teachers work well with children to improve their health and understanding of healthy lifestyles. All children engage in sporting activities and have a good understanding of healthy foods.

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

The experienced health staff are passionate, dedicated and proactive in their approach, which ensures improved health outcomes for children. They work hard to build positive relationships with children and it is evident that they know the children's needs well.

Despite attempts to recruit staff, there continue to be a number of vacancies in the health and well-being team. However, the team has been well led, has shown resilience and has worked hard to ensure the vacancies have not impacted on the services being provided to the children. There have been positive developments, such as the speech and language therapist being on site one day a week and an increased number of hours being provided by the occupational therapist.

Assessments of children's health needs using the comprehensive health assessments tool are undertaken at the earliest opportunity. This ensures that children's health and well-being needs are identified in a timely manner. Children's care plans are developed and appropriate referrals made to relevant services to ensure that any needs are identified and met.

Children's healthcare needs are met because they have good access to a range of age-appropriate primary care and specialist health and therapy services. As a result of enhanced identification, monitoring and treatment of children's health and well-being needs, children have improving health. However, a recent change in the dental provider has resulted in children not being deemed a priority for appointments. Given the often short stay of children at the home, appropriate action is being taken to address this to ensure that the children have timely access.

Care staff access the NHS 111 service for advice when a healthcare professional is not present at the home. A pathway is being rewritten with the local hospital's emergency department to help support the children should they need to attend.

Health professionals work closely with family members to help increase their understanding of the child's needs and to improve and sustain relationships.

Secure stairs (an integrated care framework that addresses the needs of children through a multi-disciplinary approach and seeks to ensure that staff have the right skills and support to care for the children) is well led. All staff are well supported and have embraced this ethos and practice, which is embedded throughout the home.

Planning for children moving on involves health professionals and starts at the earliest opportunity. The discharge packs that are produced by the health team are exemplary and contain detailed information about the child. These include results of assessments and interventions that have been carried out, and a child-friendly version is provided for the child. This assists the adults who will look after the child in their next placement to meet individual needs.

A detailed audit using the 'Healthcare standards for children in secure environments' has been conducted to help improve the services for children. There has been limited progress in some areas due to staffing challenges.

A rip was noted in the fabric of the medical couch in the clinical room. Action was immediately taken to repair this.

The health and well-being team is well supported by managers. Staff have access to managerial and clinical supervision on a regular basis. This supports the development of skills and knowledge of staff working with children.

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

Staff demonstrate a good awareness of children's support needs. The children said that they feel safe and express confidence in staff. They can identify key people who they can talk to if they have any worries or concerns.

Allegations and safeguarding concerns are taken seriously and investigations are thorough and well-coordinated. Strong links are maintained with external safeguarding professionals who are highly complimentary about the home's approach to keeping children safe. Comments include, 'open and transparent', 'reflective, self-critical and progressive', and 'prioritising children's safety'.

Children benefit from good routines, clear boundaries and expectations. These are applied in a way that encourages children to succeed. Children are positive about the incentive scheme, in particular the rewards that are linked to time out on mobility. As a result, children show increasingly positive behaviour and attitudes.

Collaborative multi-disciplinary working and reviews are used to develop purposeful safety support plans to address children's past traumas and early childhood experiences.

Incidents viewed on CCTV show staff using a calm, patient and measured approach. Physical restraint is used as a last resort. When holds are used by staff on children, these are done caringly, using minimum force and for the minimum amount of time. Detailed records of these incidents are maintained and evidence that the use of physical restraint is safe and proportionate.

Incidents of restraint are reviewed thoroughly by managers and are subject to additional scrutiny by an independent safeguarding consultant and the independent visitor. Monitoring information is used to improve restraint practice. This is evidenced by managers deciding to stop using one particular restraint following a suggestion it may cause children pain.

There are no concerns relating to the use of single separation (a child locked into an area alone when they are a serious risk to themselves or others) or managing away (as single separation, except that the child is with a staff member at all times). Any use is in line with regulations. Records show how staff maintain observations of children, amending these based upon presenting risk. There is an impetus to end any separation or managing away as quickly and as safely as possible.

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

The registered manager is experienced and has a relevant qualification. She is an accessible and influential leader, developing a child-centred, nurturing environment and culture where staff support children to feel safe and well cared for.

There is positive partnership work. The multi-disciplinary team around the child delivers effective assessment and planning for children. Regular, reflective practice meetings are held with education, health and social care leads to review the effectiveness of approaches to the care of each child.

Staff receive training and supportive and meaningful supervision which is relevant to meeting the specific needs of the children, for example, working with children who have autism, and trauma-informed parenting.

Managers have good governance and monitoring systems in place. They meet on a weekly basis and identify any trends and patterns from incidents and review and revise strategies to help address any concerns. Actions are agreed and reviewed in the following meeting. These meetings are well planned, well attended and are purposeful. There are clear links to supervision and development plans for staff. For example, recommendations are made to provide refresher training in specific areas of practice for staff or managers. This results in continuous development of practice and improved care of children.

The management team considers succession planning as part of staff development. Staff are encouraged to develop management skills and have access to leadership and management training.

There has been some turnover of staff and some impact due to staff sickness earlier in the year. There have also been some delays and difficulties in care staff being able to access qualification training. However, this has recently been resolved and has impacted only a small number of staff.

Managers have developed good induction processes that complement staff recruitment and support staff retention. An initiative introduced some time ago by managers involves prospective employees working with children in the home for a limited time period to get an understanding of the role they are applying for. Disclosure and Barring Service checks are carried out and the adults are fully supervised by staff during their time in the home. However, not all safe recruitment checks have been completed at this time. This has not impacted on the safety and well-being of children but has the potential to do so. This is because other required checks such as references from previous employers, when the individual has worked with children, have not been obtained. Managers have reviewed the practice of giving prospective employees time at the home and subsequently stopped this practice.

There are established relationships with local community organisations that support children's access to a range of experiences. For example, children have benefited from carrying out voluntary work with local charities.

There has been one case of a concern involving the quality of information provided by a placing authority about a child moving into the home. The lack of good information meant managers were not prepared and could not plan effectively for the child and other children, resulting in some impact and disruption. Managers did put in place suitable arrangements as soon as concerns emerged. The child moved on from the home following consultation with the placing local authority. There is a learning review planned.



## 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 employ an individual to work at the children's home; or 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, if the individual satisfies the requirements.</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;</p> <p>and full and satisfactory information is available in relation to the individual in respect of each of the matters in Schedule 2.</p> <p>The registered person may permit an individual to start work at the home despite the fact that the requirement in paragraph (3(b)) has not been met if—</p> <p>the registered person has taken all reasonable steps to obtain full information about each of the matters in Schedule 2 in respect of the individual, but the enquiries in relation to any of the matters in paragraphs 3 to 6 of Schedule 2 are incomplete;</p> <p>full and satisfactory information in respect of the individual has been obtained in relation to the matters in paragraphs 1 and 2 of Schedule 2;</p>	30 June 2022

the registered person considers that the circumstances are exceptional; and

the registered person ensures that the individual is appropriately supervised while carrying out the individual's duties, pending receipt of any outstanding information on the matters in paragraphs 3 to 6 of Schedule 2, which is then considered satisfactory by the registered person.

The registered person must take reasonable steps to ensure that any individual who is working at the home and who does not fall within paragraph (2)(a) and (b) is appropriately supervised while carrying out the individual's duties.  
(Regulation 32 (1) (2)(a)(b) (3)(a)(b)(c)(d) (7)(a)(b)(c)(d) (8))

## Recommendations

- The registered person should ensure that the ethos of the home supports each child to learn. Leaders should produce a strategy for the development of English and mathematics across all parts of the curriculum. They should deliver a staff development programme which supports its implementation so that children improve their English and mathematics skills faster and in a consistent way. ('Guide to the Children's Homes Regulations, including the quality standards', page 29, paragraph 5.18)
- The registered person should ensure that the children's home is a nurturing and supportive environment that meet the needs of the children. The manager should ensure that the garden has appropriate fencing to provide privacy for children and neighbours. ('Guide to the Children's Homes Regulations, including the quality standards', page 15, paragraph 3.9)

## 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:** Devon County Council, County Hall, Topsham Road, Exeter, Devon EX2 4QD

**Responsible individual:** Janet Fraser

**Registered manager:** Helen Bowkett

## Inspectors

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