

SC036740

Registered provider: Nottinghamshire 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. It is approved by the Department for Education to restrict children's liberty.

The home can accommodate up to 20 children aged between 10 and 17 years. It provides accommodation for up to 12 children placed by the Youth Custody Service and has up to eight places for children accommodated under section 25 of the Children Act 1989.

14 children resided at the home at the time of the inspection.

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.

Education is provided on site.

The manager has been registered with Ofsted since May 2018.

Inspection dates: 19 to 21 July 2022

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

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

Date of last inspection: 5 January 2022

Overall judgement at last inspection: sustained effectiveness

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
05/01/2022	Interim	Sustained effectiveness
22/06/2021	Full	Good
01/10/2019	Full	Requires improvement to be good
25/06/2019	Full	Inadequate

Inspection judgements

Overall experiences and progress of children and young people: good

Children make progress from their starting points due to the good standard of care and support that they receive from staff. Children make progress in relation to their physical and emotional health, education, well-being and safety.

There is an abundance of cheerfulness in the interactions between staff and children. The children are courteous, chatty and comfortable around each other, the staff and visitors. Children are mirroring positive staff role-modelling; they are relaxed, confident, settled and comfortable within their home environment.

Children say that staff help them to settle into the home on arrival. The managers quickly disseminate information about new children being admitted into the home. This ensures that staff can respond and meet the children's needs appropriately. Mobility, transition and discharge planning and support (for the children moving on) are effective.

Children access and enjoy a wide variety of leisure pursuits. Staff encourage children to try new activities and develop new interests. Children have opportunities to play, or take part in, football, basketball, music, baking, pamper sessions, quizzes, arts and crafts, for example. Children took part in an end-of-term festival organised by the staff. Children and staff enjoyed making tie-dye t-shirts for the event. The home was decorated, and an array of activities took place, including Zorbing and a bouncy castle. This sort of activity assists in enabling children to have positive childhood experiences and to develop hobbies and interests.

The children have daily contact with those who are safe and important to them. One child said, 'We get to make calls to our family daily.' Parents, and other people who are important to the children, visit the home. This supports children in maintaining and/or rebuilding relationships with those who are important to them.

Children enjoy a balanced and healthy diet. The children spoke very positively about the meals they receive during the week. Children's suggestions for the menu are welcomed and incorporated. The home runs a 'tuck shop' and the children like to spend some of their pocket money to buy treats. However, the children are less positive about the quality and variety of food provided at the weekend. This is currently being looked into.

Those children spoken to understand that living at the home helps them and keeps them safe. One child told the inspector that the staff are 'helpful and friendly'. Another child said, 'This is where I need to be at the moment, to be kept safe and receive the help I need.'

The care staff and multi-disciplinary team help children to learn new strategies to keep safe and they help them to understand their previous life experience and

trauma. Staff also help children to recognise the importance of attending education. Consequently, children make progress during their stay at the home, and this progress is documented and celebrated by staff. Children start to take pride in their achievements, and this gives them a sense of worth and accomplishment.

Staff are skilled at building trusting relationships with the children. The children benefit greatly from these relationships as they form the foundations for children's engagement in therapy. Staff know the children exceptionally well. Interactions between children and staff are very positive and children seek staff out to spend time with them. Staff present as caring, warm and compassionate. This helps children to move forward and make positive changes in their lives.

Staff have a clear understanding of the children's individual needs, and these needs are reflected in their plans. Care and behaviour support plans are relevant to each child and are regularly reviewed. These plans chart the children's progress and identify any further support they need. The plans are shared with children, and their views are recorded. The plans are informative and child focused. The goals and targets set are achievable and realistic. This makes the plans meaningful to the child and helps children to see the progress they are making for themselves.

Children's views are sought and acted on, where appropriate. Children's views are ascertained through general discussions and key-work sessions, and through more formal meetings. Children do sometimes make complaints, and each complaint is investigated in depth. This demonstrates that the views and opinions of children are seen as important and valued.

The home has a number of rooms that are personalised to the children, and it presents as homely, including the children's bedrooms. The children's artwork and photographs are displayed around the home. However, some rooms present as more clinical, and are uninviting. Some of the flooring in bathrooms have ingrained staining. Some lounge and bedroom windows have graffiti on the protective coverings. This detracts from the rest of the environment, which is of good quality.

Children's education and learning: good

The new headteacher, with the support of the education advisory board, has made a positive impact on the quality of education since their appointment in September 2021.

The headteacher has improved staff morale by providing a clear vision, establishing educational standards, and modelling expected behaviours. Staff are motivated to support the children well.

Leaders use a comprehensive range of quality assurance methods to inform the home's improvement plan. They have swiftly identified and implemented the improvements needed to provide good-quality education.

Members of the board have an appropriate range of knowledge and experience. They provide excellent support and challenge to make sure that the senior team has identified the actions that will have the greatest impact on the quality of the children's educational experience.

Leaders have employed new teachers and improved staff attendance. As a result, children have experienced a broad curriculum including mathematics, English, science, art, physical education, and a small range of vocational subjects. Leaders are rightly planning further developments in information technology and construction. Leaders have an ambitious strategy to develop 'reading for pleasure'. However, this is in its infancy. Too few children select and read appropriate texts.

Teachers have the necessary knowledge and skills to work effectively and sensitively with the children. Teachers set targets and they monitor progress frequently and adapt their teaching to fill gaps in children's understanding. Teaching assistants provide invaluable support in classroom management. However, managers have not yet provided them with sufficient training to support children with their learning.

Staff complete accurate and detailed initial assessments of children's educational needs. Most staff use them well to create effective learning plans. Where children have identified needs, teachers implement the strategies to support them well. However, where additional needs have been identified at the school, managers have been slow to request and submit Education Health and Care plans (EHCPs). As a result, there is an increased risk of a few children not receiving the support they need in a timely fashion.

Nearly all children make good progress from their starting points in education. Most staff provide well-planned learning. In art, children develop drawing, painting and design skills over time. The teacher guides them to construct annotated portfolios, where children explain what they have learned. In English, teachers skilfully develop children's understanding of language and an appreciation of literary texts, such as *Jane Eyre* and *Frankenstein*. In mathematics, the teacher addresses gaps in children's knowledge. Children gain mastery of skills, for example in trigonometry, through regular opportunities to practice. In science, children develop good practical skills and are keenly aware of the health and safety procedures. Staff provide regular and clear feedback on their work and how to improve further.

In a very small number of subjects, teachers do not develop high-quality learning resources. They do not ensure that all children complete the work. As a result, children do not produce high-quality portfolios and cannot see the links between topics. Children do not make the progress of which they are capable.

When appropriate, managers enter children for qualifications that improve their future education, training and employability prospects. Prior to exams, children have demonstrated high levels of motivation by revising independently. At the time of the inspection, nine children were awaiting their GCSE results.

Children develop positive relationships with staff that help to build their resilience. They enjoy their education. With the encouragement of care staff, children's attendance in education has become high. Most children show respect for teachers and each other. This is underpinned by the revised behaviour management policy. However, on a few occasions, teachers and assistants do not act swiftly enough to stop the escalation of challenging behaviour. As a result, children's learning slows down.

Through the tutorial programme, children develop personal and social skills and discuss topics like controlling their impulses, developing good friendships, personal hygiene, positive parenting, and the forms of contraception. In physical education sessions, children understand the importance of physical health. In catering, they are taught the principles of healthy eating and cooking.

Leaders ensure that children receive appropriate impartial careers guidance. Children's plans are shared and supported appropriately. Teachers, personal tutors, and external professionals help children to prepare for their next steps.

Children's health: good

Children's health improves due to the access they have to a very good mix of expertise and experience within a multi-disciplinary healthcare team. This health team works extremely well collectively, to improve the physical, mental and emotional well-being of the children they support.

The team is very well led. Staff are flexible, caring and dedicated to providing compassionate care and support. Staff work hard to gain a child's trust, giving them a positive learned experience of working with healthcare professionals, in the hope that in future placements, they will be keen to seek out help and have the ability to openly engage with others.

Children access the Comprehensive Health Assessment Tool (CHAT) process on their arrival. This health assessment is comprehensive and used to inform practice, helping to ensure that each child's needs are identified and met, and that positive outcomes are achieved.

There is an embedded coordinated centre-wide approach to Secure Stairs. The ethos of Secure Stairs has been embraced by all staff (care, education and health), which creates an environment to help the children to feel safe and improve their emotional health and self-esteem. Staff's reflective practice and supervision in the form of 'Solution Circles' had stopped due to the COVID-19 pandemic and staffing issues. However, this is due to be reinstated soon.

Children are supported with their mental health through tailored interventions that meet their unique and individual needs. These interventions are recorded on the health IT system, and are of a good standard, clearly detailing interactions that take place. A member of staff can complete the semi-structured, standardised Autism Diagnostic Observation Schedule assessment for children who have been observed

as possibly being on the autism spectrum. This greatly cuts down the time children have to wait to be assessed. The health team is also developing a neuro-development pathway to make the whole process of assessment more robust. In addition to this, they have started to develop health passports for children attending external health appointments. This is designed to help to ensure that they enjoy a better experience of accessing health services, which will assist in improving health outcomes for the children further.

Children are provided with opportunities to have a voice, and to express their needs and explain what is important to them and why. Each child has a comprehensive formulation to enable staff to understand them and shape the child's 'My Plan' by ensuring it is informed by their profile of strengths and needs.

The occupational therapist works with children from a trauma, sensory and attachment perspective. This enables children to learn valuable life skills to enable them to cope with challenging situations occurring in everyday life. This also helps the support staff to recognise the importance of exploring the sensory needs of each child. This is positive in supporting children to be able to self-regulate and have emotional control.

The substance misuse worker is passionate in engaging and building positive relationships with children. They work with each child, dependant on need, and help educate and inform children about the dangers of alcohol and drug use, with a focus on relapse prevention work and goals to achieve. A speech and language therapist had recently started work at the home. They have a clear vision of how they are going to help improve communication across the whole environment, both in terms of the written word and spoken language, and they have a plan to provide every child with language screening on arrival.

Children's transitions are well thought out and planned from the moment the child arrives at the home. A range of specialist evidence-based comprehensive assessments are shared at the time of a child's discharge from the home. This is to help enhance a child's chances of having a successful transition, and to promptly receive the right care and support going forward, to meet their needs.

When required, children have good access to both primary and secondary health services. The home is supported by a very good and flexible GP service. There is now an appropriate emphasis on age-appropriate immunisation and vaccination cover, this had been affected by the pandemic. Pathways are in place to support children with their dental and optical needs.

The healthcare clinical rooms are clean and meet infection prevention control standards. Medicines administration, that includes controlled medicine, is safe and effective. There is good oversight by the healthcare team, whose members carry out weekly audits.

All health staff receive regular managerial and clinical supervision. They have good access to training to aid personal development and are up to date with their

mandatory training. The members of the healthcare team know the children well and have received encouraging feedback from them. The children spoken to are positive about the healthcare they receive.

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

Children's risks, vulnerabilities and past histories are well known and understood by all staff. This means that children receive care and support tailored to their individual needs. Children say that they feel safe, and that staff listen to them should they have any worries or concerns. Careful planning and matching are used to inform group dynamics and maintain a calm atmosphere throughout the home.

Safeguarding responsibilities are taken seriously by managers and staff. Monitoring and quality assurance processes are effective in identifying any shortfalls or inconsistencies in staff practice. This ensures that action is taken to address any issues and practice guidance is disseminated across the service. This helps to prevent any reoccurrence and improves the safety and care of the children.

Appropriate action is taken when any child protection concerns, complaints or allegations are made. Thorough investigations and fact-finding exercises are undertaken in the best interests of the child. This is further underpinned by a well-coordinated multi-agency response that demonstrates transparency and openness to share information.

Managers and staff are very much aware of how trauma and past experiences impact on children's behaviour. The multi-disciplinary team works collectively in putting together individualised plans, and risk assessments. These assessments and plans inform the programmes of care and support work with the children.

Implementation of these plans are effective in helping children to understand their risk-taking and offending behaviour. Some children are able to say how they have been supported during their time at the home. This helps them to better understand the reasons for being in a secure children's home and how this helps them to make safer decisions in the future.

Children respond well to the incentive programme. They quickly understand the benefits and speak positively about their current incentive level. This helps them to develop personal and self-help skills and understand how positive behaviour can have a benefit in day-to-day life.

Negative behaviour, in the majority of situations, is responded to using a restorative approach that helps children to understand the impact of their behaviour on themselves and others. Children generally respond well and understand why there is a need to impose sanctions and measures of control. However, when sanctions and measures of control are used, they are reasonable, time limited and always reviewed.

Physical intervention is only used as a last resort when dialogue and de-escalation techniques have proven unsuccessful. Records, and Closed-Circuit Television footage, demonstrate that physical intervention is short in duration and proportionate, with the child's safety and the safety of others being of primary importance.

Children who need to spend time away from the group are well supported to reflect on the behaviour that has led to this intervention. Until recently, the use of enforced or directed single separation has been inappropriate and not in accordance with procedural guidance. In addition, the quality of recording was seen to be inconsistent among the staff. This did not provide reassurance with regard to what children were doing when checks were carried out. This has now been addressed through practice guidance and further training for staff. However, it is not always clear why children need to be resecured at the direction of staff after spending time out of their room engaging in positive activities.

The effectiveness of leaders and managers: good

The manager and the senior leadership team demonstrate a clear understanding of the service's strengths and areas for development. They demonstrate a continued desire to improve the care and support provided to the children.

Several initiatives have commenced, particularly in the training and development of staff. For example, there is trauma-informed practice training and there are well-being meetings. This demonstrates the leaders' and managers' commitment to continuing the journey of improvement.

A number of effective multi-disciplinary meetings are held across the home, for example operational management team meetings, case management meetings and staff team meetings, along with daily shift handovers. The continuous monitoring of children's progress, milestones, and achievements is strong. The clear dissemination of information keeps all staff up to date. It provides clarity to staff about the decisions made, and guidance on how the care and support to each child is to be delivered.

Staff routinely receive formal supervision to ensure that they access support, and that their development and training needs are met. Where practice issues have been identified, these are swiftly addressed. Management identified areas for improvement through a recent 'deep dive' audit on the quality of supervision, and work has commenced to address these shortfalls. In addressing these shortfalls, managers aim to make sure that consistently good-quality supervision is provided for all staff.

Suitable staffing levels are maintained to ensure that the needs of the children can be met. Recruitment to staff vacancies is underway and ongoing. Safe recruitment practices are followed to ensure that the children are cared for and supported by staff who are appropriate and safe to do so.

All staff receive an induction, mandatory training and more specialist training. A large proportion of staff have attained the level 3 qualification to care for children and young people. As a result, the home has a well-trained work force.

Additional training programmes have commenced to train all staff in Trauma Informed Practice and Playfulness, Acceptance, Curiosity, Empathy. This is designed to further increase the skills, knowledge and understanding of the staff to meet the significant and diverse needs of the children who come to live at the home.

There has been a delay in providing refresher first-aid training for some staff. This is due to restrictions put in place as a result of the COVID-19 pandemic. This training is currently being brought up to date. Managers have been creative in trying to bridge this gap. There have been sessions with the street doctors and other health professionals. Managers ensure that children have access to the health team so that their health needs are met.

The senior leadership team has taken action to implement the recommendations made at the last interim inspection. These relate to the recruitment to education staff vacancies, improving the quality of teaching, and identification of the children's starting points in education. Recommendations also referred to children not storing excessive amounts of food in their bedrooms. Children's views being recorded after experiencing a restraint. That all records kept should be clear, careful and objective, and that the information is recorded in a way that will be helpful to the child. The action taken to address the recommendations made supports improving the care and education of the children.

There is a wealth of external and internal monitoring of the service. This ensures that deficits and omissions are quickly detected. It assists the home in being able to adhere to the children's home regulations and other supporting legislation and guidance to keep children safe and well cared for.

The registered manager and the senior leadership team have a good focus on the strategic planning of the home. This supports the continued development of the care and service provided for the children. However, children and staff state that they do not routinely see and meet with managers and senior leaders. This means that managers are not always visible and accessible, and that, potentially, managers could miss nuances in the care and service provided.

The registered manager and the senior leadership team have not swiftly challenged placing local authorities and youth justice services for all the children identified as requiring an EHCP. This could be detrimental now and in the future for the individual children concerned if not addressed.

What does the children's home need to do to improve?

Statutory requirements

This section sets out the actions that the registered persons 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 persons 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> <p>In particular, the registered manager must ensure that the placing local authorities and youth justice services are swiftly challenged to provide an EHCP to all those children identified as requiring such a plan. This is to ensure that each child's individual needs are provided for now, and in the future.</p>	28 September 2022

Recommendations

- The registered person should make sure that children's homes are nurturing and supportive environments that meet the needs of their children. They will, in most cases, be homely, domestic environments. In particular, ingrained stains on floors should be removed from the children's en-suite bathrooms. Those scratched protective window and glass coverings in bedrooms and some lounges should be repaired or replaced to be in line with the general good quality of the environment

elsewhere. ('Guide to the Children's Homes Regulations, including the quality standards', page 15, paragraph 3.9)

- The registered person should ensure that for children who have experienced severe trauma, have mental health difficulties or have been excluded or out of education for significant periods, there is support to address and work through their past experiences and present needs to be able to positively participate in learning activities and formal education. In particular, leaders need to improve their support for children's learning in the classroom. Making sure that all teachers and support assistants make swift interventions to minimise the lesson disruption. ('Guide to the Children's Homes Regulations, including the quality standards', page 26, paragraph 5.3)
- The registered person should ensure that the progress in education can be measured and evidenced in various ways, including but not limited to success in academic, vocational, and other awards and qualifications; other formal attainment tests that are part of national assessment arrangements; and teachers' ongoing assessments. Measurements of progress should include qualitative information such as how well the child is being prepared for their next stage of education, training or employment, and quantitative data where available. In particular, leaders should support the sharing of good practice in the development of learning resources between subject areas, so that children can produce high-quality evidence of their learning across the curriculum. ('Guide to the Children's Homes Regulations, including the quality standards', page 26, paragraph 5.2)
- The registered person should ensure that a detailed record is maintained of the checks and observations completed for children on elected and enforced separation and that records relating to directed and enforced separation make clear why the reimposition of this measure of control is necessary when children have been engaging positively before and after being released. ('Guide to the Children's Homes Regulations, including the quality standards', page 50, paragraph 9.65)
- The registered person should ensure that all those with a leadership and/or a management role should be visible and accessible to staff and children to enable them to deliver their leadership and/or management responsibilities. In particular, the senior leadership team should spend time and meet with all staff and children routinely. ('Guide to the Children's Homes Regulations, including the quality standards', page 52, paragraph 10.7)

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: SC036740

Provision sub-type: Secure Unit

Registered provider: Nottinghamshire County Council

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Registered manager: Paul Thomas

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