

# 1263766

Registered provider: Tameside Metropolitan Borough Council

Full inspection

Inspected under the social care common inspection framework

## Information about this children's home

This local authority children's home is registered to care for up to four children who may have emotional and/or behavioural difficulties and may have learning difficulties.

One child was living at the home at the time of this inspection. The child was in hospital at the time of the inspection.

The registered manager post has been vacant since January 2021. A new permanent manager has been appointed. She has not yet applied for registration with Ofsted.

A notice of restriction of accommodation was served by Ofsted on 17 May 2022 and is in place until 9 August 2022. This means that no children can move into the home during this period.

### Inspection dates: 2 and 3 August 2022

**Overall experiences and progress of children and young people, taking into account** **requires improvement to be 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 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:** 11 May 2022

**Overall judgement at last inspection:** Inadequate

**Enforcement action since last inspection:**

A notice of restriction was served by Ofsted on 17 May 2022 and compliance notices were served on 20 May 2022. Notices were served in relation to regulation 12, protection of children, and regulation 33, employment of staff.

A monitoring visit took place on 6 June 2022. At that visit, insufficient progress had been made and the compliance notices were not met. Following the visit, Ofsted served further compliance notices in respect of regulation 12 and regulation 33. We also served an additional compliance notice under regulation 13, leadership and management.

At this full inspection, the inspector found that the provider has continued to comply with the notice of restriction of accommodation. The home has also met the compliance notices for regulation 12, regulation 13 and regulation 33, as suitable progress has been made against the specified steps.

## Recent inspection history

| <b>Inspection date</b> | <b>Inspection type</b> | <b>Inspection judgement</b>     |
|------------------------|------------------------|---------------------------------|
| 11/05/2022             | Full                   | Inadequate                      |
| 01/02/2022             | Full                   | Requires improvement to be good |
| 04/12/2019             | Full                   | Good                            |
| 12/02/2019             | Interim                | Improved effectiveness          |

## Inspection judgements

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

The child's opportunity to make progress is limited by the skills, knowledge and experience of staff to meet her emotional and behavioural needs. Staff are working hard to keep the child safe and support her, however, leaders and managers acknowledge that the staff team is not yet equipped to do this effectively.

At the time of the inspection, the child was being cared for in hospital, with the support of permanent and agency care staff from the home. These arrangements do not provide the child with a living environment in which she can develop a sense of security, permanence and belonging.

Despite the challenges of the child's current situation, she has built some good relationships with the core staff team. As a result, she has been able to share some of her thoughts and feelings with adults that she trusts. This helps staff to gain an understanding of the child's earlier childhood experiences and care for her in a more trauma-informed way.

The child has not been able to access any formal education recently due to her emotional health needs and the lack of stability and structure in her day-to-day life. At the last inspection, a requirement was made that the child was provided with the equipment she needs to access online learning. This equipment has not yet been provided by the local authority. This requirement is therefore restated.

Progress has been made in ensuring staff provide children in their care with a healthy balanced diet. The home is implementing advice from the Food for Life health team in order to improve the quality of food available for children and educate them about healthy lifestyles.

This focus on healthy lifestyles is also supported by new policies and practice in relation to children who smoke. Children are aware that they will be supported to reduce and stop smoking cigarettes and e-cigarettes. They are given clear written information about access to and storage of smoking equipment.

One child has left the home to move to semi-independent accommodation. This move was in line with her care plan. She was involved in the decisions about her new home, which is close to her college and to family and friends. The child has had some short-term support from staff at the home to help establish herself in her new surroundings. This has ensured a positive transition for her from a care environment to a supported setting.

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

Improvements in risk assessments and risk management plans have not been effective in keeping the child safe. Stringent court-ordered restrictions of the child's liberty are in place. These include increases in staffing and the locking of windows and doors. Despite these restrictions, the child has continued to go missing from the home and has continued to self-harm. As a result, she remains at high risk of harm in the home and in the community.

Written risk assessments are regularly reviewed and address all the current risks for the child. These assessments provide staff with clear steps to take to prevent or reduce risks. Risk assessments are signed by staff and the proposed practice to share these with the child via link-work sessions is evidence of child-centred thinking. This practice is yet to be implemented and therefore the impact and effectiveness of this is not yet demonstrated.

Regular one-to-one conversations are being held with the child and she has been engaging with these discussions. The majority of these conversations are in response to events and there is little evidence of this time being planned in advance to help progress the child's placement plan. A number of events recorded as link-work sessions are brief conversations. This gives the impression of more in-depth work being carried out with the child than is the case when these records are scrutinised.

Some of the child's care records use her initials and the initials of staff rather than names. This practice lacks transparency and is not child-focused recording.

The hospital safety plan is of good quality and gives staff clear actions to take to prevent any serious incidents while the child is in hospital. There is a robust multi-agency response to the current hospitalisation. Daily multi-agency meetings to review and plan for the child's care are taking place. The local authority is searching for a specialist placement that is better able to meet the child's needs. Leaders and managers from the home are actively involved in this ongoing care planning.

Leaders and managers are working with health staff, including child and adolescent mental health services and the local authority in-house psychologist, to plan for the child's potential return to the home. Staff have all now had practical face-to-face ligature training. Detailed plans are being put in place to give staff the skills and knowledge they need to care for the child in a way which supports her emotional needs. Staff are receiving support to build their resilience. This in turn is supporting them to care effectively for the child and reduce her emotional distress.

There has been minimal use of physical restraint and these incidents have been appropriate and proportionate. They are in line with the court-ordered restrictions on the child's liberty. Staff records of these interventions are clear. Management oversight of these incidents is included elsewhere in the child's care records rather

than in the record of restraint. There is no evidence of the child being given an opportunity to comment on these restraints or to read the written records. This means there is currently a lack of clarity about management oversight of this practice and the impact on the child.

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

Since the last monitoring visit, there has been a further change in the leadership and management team at the home. A new permanent responsible individual and a new permanent manager are now in post, having moved from other roles within the local authority residential service. The manager has not yet submitted her application to register with Ofsted.

Although these changes are still in their infancy, these appointments are providing a strengthening of leadership and management of the home. The new manager, although having no previous registered manager experience, has extensive experience in supervisory roles in residential care and has worked in the local authority for many years. The change of responsible individual has brought additional knowledge and experience to the leadership of the home. This increases the capacity of the home to make the improvements needed to safeguard children and provide them with a high standard of care.

A clear action plan is now in place which evidences progress against the shortfalls previously identified. Plans to start monthly management audits are in place but have not yet started and therefore their effectiveness cannot yet be evaluated. There remains a need for more robust management oversight of children's care records.

The last quality of care report, written by the previous leadership team, presents an overly optimistic and inaccurate picture of standards of practice which does not reflect findings from recent inspections. No feedback was obtained from three children who were at the home for a significant period of time and have recently left. The report is not fit for purpose and does not give leaders and managers the information they need to undertake their roles effectively and drive the required improvements. The new leadership team is aware of these issues and is working to address them.

Independent visits to the home continue to take place regularly but a number of these are announced in advance. As a result, opportunities to improve scrutiny of the home are missed.

Staff are now being supervised regularly in line with the organisation's supervision policy and team meetings are taking place monthly. These one-to-one and team meetings are supporting staff and giving them opportunities to reflect on their practice and the progress and experience of children. These improvements are recent and need to be embedded in practice to ensure that staff have this ongoing support and challenge which equips them to undertake their roles effectively. A

member of staff said, 'We are coming together as a team again now. There is a new sense of order.'

A further restriction of accommodation notice was served on 9 August 2022. This means that no children can move into the home while the notice of restriction is in place. We will be undertaking regular monitoring of the home to ensure that this restriction is adhered to and to review the continued necessity of this notice to ensure that children are safeguarded.

## 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 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 promotes their welfare.</p> <p>In particular, the standard in paragraph (1) requires the registered person to—</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)(h))</p> <p>Specifically, that the registered person must evidence that they have systems in place to monitor and review the quality of care in the home.</p> <p>This requirement was made at the last inspection and is restated.</p> | <p>30 September 2022</p> |
| <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 that staff—</p> <p>help each child to achieve the child's education and training targets, as recorded in the child's relevant plans;</p> <p>support each child's learning and development, including helping the child to develop independent study skills and, where appropriate, helping the child to complete independent study;</p> <p>promote opportunities for each child to learn informally</p>  | <p>5 September 2022</p>  |



|  |                  |
|--|------------------|
| <p>maintain regular contact with each child’s education and training provider, including engaging with the provider and the placing authority to support the child’s education and training and to maximise the child’s achievement;</p> <p>help a child who is excluded from school, or who is of compulsory school age but not attending school, to access educational and training support throughout the period of exclusion or non-attendance and to return to school as soon as possible; and</p> <p>that each child has access to appropriate equipment, facilities and resources to support the child’s learning.<br/>(Regulation 8 (1) (2)(a)(i)(ii)(v)(vi)(viii)(x)(b))</p> <p>This requirement was made at the last inspection and is restated.</p> |                  |
| <p>The registered person must ensure that—</p> <p>within 48 hours of the use of the measure, the registered person, or a person who is authorised by the registered person to do so ("the authorised person")—</p> <p>has spoken to the user about the measure; and</p> <p>has signed the record to confirm it is accurate; and</p> <p>within 5 days of the use of the measure, the registered person or the authorised person adds to the record confirmation that they have spoken to the child about the measure.<br/>(Regulation 35 (3)(b)(i)(ii)(c))</p>  | 5 September 2022 |
| <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>   | 31 October 2022  |

any actions that the registered person considers necessary in order to improve or maintain the quality of care provided for children.

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").

The registered person must—

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

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.

The system referred to in paragraph (2) must provide for ascertaining and considering the opinions of children, their parents, placing authorities and staff.  
(Regulation 45 (1) (2)(a)(b)(c) (3) (4)(a)(b) (5))

## Recommendations

- The registered person should ensure that children are supported to access and contribute to their records and records should be written in a way which is accessible to children. Names, rather than initials, should be used in children's care records. ('Guide to the Children's Homes Regulations, including the quality standards', page 62, paragraphs 14.5 and 14.6)
- The registered person should ensure that planned one-to-one time is in place to support children's progress in line with their placement plans. ('Guide to the Children's Homes Regulations, including the quality standards', page 14, paragraph 3.1)
- The registered person should ensure that independent monitoring visits are unannounced. ('Guide to the Children's Homes Regulations, including the quality standards', page 65, paragraph 15.5)

## **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:** 1263766

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

**Registered provider:** Tameside Metropolitan Borough Council

**Registered provider address:** Town Hall, Market Street, Hyde, Tameside SK14 1AL

**Responsible individual:** Tammy Sutherland

**Registered manager:** Post vacant

## Inspector

Dawn Parton, Social Care Inspector

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