

# 1271213

Registered provider: Your Chapter Limited

Full inspection

Inspected under the social care common inspection framework

## Information about this children's home

The children's home is operated by a private company and is registered to provide care for up to five children with emotional and/or social difficulties.

The home has not had a registered manager since September 2020.

### Inspection dates: 26 and 27 July 2022

<b>Overall experiences and progress of children and young people,</b> taking into account	<b>inadequate</b>
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How well children and young people are helped and protected	inadequate
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The effectiveness of leaders and managers	inadequate
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There are serious and/or widespread failures that mean children and young people are not protected or their welfare is not promoted or safeguarded and/or the care and experiences of children and young people are poor and they are not making progress.

**Date of last inspection:** 8 February 2022

**Overall judgement at last inspection:** good

**Enforcement action since last inspection:** none

## Recent inspection history

Inspection date	Inspection type	Inspection judgement
08/02/2022	Full	Good
21/05/2019	Full	Good
15/01/2019	Full	Good

## Inspection judgements

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

Since the last inspection, children's progress has not been sustained and this has directly impacted on their welfare, development and safety.

Not all children are supported to establish positive relationships with the staff caring for them. Children talked to the inspectors about the changes in the staff team and said this had meant that not all staff were consistent in their approach. Children said, 'It's so frustrating. One member of staff says yes and then the next says no,' and, 'We are not sure if we can or cannot do something.' Staff said the home had been 'chaotic, with a lack of leadership', and confirmed that staff are not consistent in their approach.

Although children know how to make a complaint, inspectors found that the systems in place were not responded to. Complaints raised by children were not treated seriously or actioned. Not all children feel listened to or are helped to understand the actions that will be taken as a result of their concern about staff practices. Children said, 'There is no point in raising a complaint, nothing happens,' and 'Even when you ask what is happening, no one knows.'

Managers have agreed for children to move into the home without carefully assessing each child's social and emotional needs and the strategies required to keep the children safe. Managers accepted that they had not considered all historical information, the skills and experience of the staff or the subsequent impact on the children already living in the home. Consequently, bullying incidents in the home have occurred. Two children from rival gangs had been placed together, with no professional curiosity about the potential risks or actions required to minimise these.

Children do not receive consistent advice, services and support in relation to their health and well-being. The health needs of children are not carefully considered or known by all staff. One child had a serious health condition that some staff were not aware of. Furthermore, staff have failed to support children to attend health appointments that children require to maintain their health and well-being.

Not all children experience care that is sensitive and responsive to their identity, faith and care needs. Staff were not aware of the individual needs of each child or how they would support children to maintain their faith. Furthermore, although a court directed order was in place to restrict a child's liberties, staff were not aware of the content of the order and the permitted restrictions that they could impose to keep a child safe. Care plans lacked relevant details and staff did not have access to records that provide a comprehensive overview of each child's needs and how to care for them safely.

There is a lack of structure and routine in the home, and this does not support children to make progress. A lack of planning means that there are no clear strategies for staff to use to support children to overcome difficulties and reach their potential. Staff said, 'The boundaries are not always made clear and although we try, everyone is doing something different.'

Despite the concerns raised, the support provided to children to engage in education and a wide range of activities is a strength of the home. Family time has been consistently promoted and supported by the staff team. This ensures that the children maintain important links with their families.

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

Safeguarding practice in this home is not robust and does not promote the safety and welfare of the children. Managers and staff do not respond appropriately to incidents, nor do they implement appropriate strategies to safeguard and protect the children living in the home.

Managers and staff do not fully understand their responsibilities in safeguarding children. Consequently, children are not consistently safeguarded by the adults who are responsible for their care. For example, one child left the home and gained access to alcohol at a local shop. Records did not demonstrate the actions taken to keep the child safe and this incident was not reported accurately to senior managers or the placing social worker, in line with the safeguarding policy.

In a further incident, a child was taken to a hotel overnight by staff. It is unclear what the rationale for this decision was and there was no documentation to indicate where the child was taken, which staff stayed with the child and why this course of action was required. This does not demonstrate safe caring practices.

Medication is not administered, stored or recorded in line with safe care practices. A number of significant shortfalls were identified during the inspection. In particular, the arrangements for safe administration of medicines were poor, medication had been mislaid and staff had failed to follow the company's own medication procedures and policies. This poor practice has compromised children's welfare and safety.

Records of physical restraints of children lack sufficient detail and some records were reported to be missing. Staff do not consistently record the events that led to the restraint and give accurate details about who was involved. The manager's oversight is poor and does not assess the effectiveness or proportionality of the intervention. Furthermore, when managers have been involved in incidents, there is no independent oversight. The lack of adequate scrutiny of incidents may lead to unsafe care practices.

Children said that staff restrict their activities or remove personal items as a consequence for poor behaviour. However, records are not kept of consequences

imposed. Staff said that they had been advised by managers not to record this information. However, managers dispute that this advice has been given.

Risk assessments and risk management plans lack vital information about the risks that children may face and do not include appropriate strategies for staff to follow to keep children safe. In addition, staff told inspectors that children's documentation, including risk management plans, is locked in a cupboard that they cannot access. This is a significant risk to all parties and does not demonstrate effective safeguarding practices.

The responsible individual and the managers were not aware of the extent of the safeguarding concerns identified at the visit. There is insufficient management oversight of the quality of care. Records of some incidents are missing or fail to provide an accurate account of what has occurred. It is often unclear what action was taken following the incidents, and if all appropriate professionals were notified. This fails to safeguard all involved.

### **The effectiveness of leaders and managers: inadequate**

There has not been a registered manager at the home since September 2020. Managers recruited after that time have not been suitable and have not taken sufficient action to monitor and improve care practices in the home.

Managers have failed to demonstrate that they inspire and lead a culture in the home to promote children's welfare and enable them to fulfil their potential. Managers are not leading and managing the home in a manner that is consistent with the aims outlined in the statement of purpose. This fails to demonstrate that the care being delivered meets the individual needs of the children or promotes their safety and welfare.

Managers' oversight of care planning and risk management is weak. Some risk assessments omit vital information and had not been updated as incidents occurred, and risks heightened. Furthermore, staff report that they do not have access to children's care plans and assessments, as managers have made a decision to lock all information away. Although staff reported that they had spoken to managers about this poor practice, no action was taken to remedy this. This fails to demonstrate that staff have the required documentation to be able to meet the needs of the children or have access to effective risk management strategies.

Managers and staff have attended training in safeguarding and behaviour management. However, the shortfalls identified during this visit have proved the training to be ineffective. Furthermore, it demonstrates that managers and staff do not have the skills and knowledge required to support the children in the home safely.

Rotas in the home do not consistently show which managers or agency staff are on shift and the hours that they have worked. The lack of transparency of who is on duty potentially places children at risk, and compromises the continuity of care. In

addition, some staff have not received regular supervision. This fails to provide all staff with opportunities to reflect on their practice and to identify further areas for development.

Managers have failed to ensure that robust systems are in place for monitoring of the home. For example, missing-from-home records did not include full and accurate details, medication records were poor and physical interventions were not carried out in line with regulations. In addition, information was missing from children's case records and vital health information was not recorded. Managers have not routinely carried out relevant checks to ensure that the correct and current information is in place to monitor the quality of care provided.

Managers have not ensured that all staff have the experience, qualifications and skills to meet the needs of all the children living in the home. Some staff reported that they had not had the opportunity to attend all training courses and that their refresher training in key areas, including safeguarding, medication and behaviour management, was out of date. Furthermore, not all staff understand the needs of the children living at the home or how best to support them.

External monitoring of the home has not been carefully considered. Despite the independent visitor identifying shortfalls in practice and missing paperwork, limited action was taken to rectify these matters. When there have been significant events involving children living at the home, including requests for police assistance or hospital treatment, not all notifications have been sent to Ofsted. This does not allow the regulator to have a clear overview of all safeguarding incidents and is in breach of the Children's Homes Regulations 2015.

## 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 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 each child has access to such dental, medical, nursing, psychiatric and psychological advice, treatment and other services as the child may require. (Regulation 10 (1)(a)(b)(c)(2)(c))</p>	9 September 2022
<p>*The protection of children standard is that children are protected from harm and to keep themselves safe.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure that staff—</p> <p>assess whether each child is at risk of harm, taking into account information in the child's relevant plans, and, if necessary, make arrangements to reduce the risk of any harm to the child;</p> <p>understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person;</p> <p>take effective action whenever there is a serious concern about a child's welfare;</p> <p>that the premises used for the purposes of the home are designed, furnished and maintained so as to protect each child from avoidable hazards to the child's health; and</p>	9 September 2022

<p>that the effectiveness of the home's child protection policies is monitored regularly. (Regulation 12 (1) (2)(a)(i)(v)(vi)(d)(e))</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>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'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>research and developments in relation to the ways in which the needs of children are best met; and</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. (Regulation 13 (1)(a)(b) (2)(a)(b)(c)(e)(f)(g)(i)(ii)(h))</p>	<p>9 September 2022</p>
<p>The care planning standard is that children—</p>	<p>9 September 2022</p>



<p>receive effectively planned care in or through the children's home.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that arrangements are in place to—</p> <p>manage and review the placement of each child in the home; and</p> <p>that each child's relevant plans are followed.</p> <p>(Regulation 14 (1)(a)(2)(b)(ii)(c))</p>	
<p>The registered person must ensure that—</p> <p>the privacy of children is appropriately protected;</p> <p>children can access all appropriate areas of the children's home's premises; and</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>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)(b)(c)(i)(ii)(iii)(iv))</p>	9 September 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) (2)(c))</p>	9 September 2022
<p>The registered person must ensure that all employees—</p> <p>receive practice-related supervision by a person with appropriate experience.</p> <p>(Regulation 33 (4)(b))</p>	9 September 2022

9 September 2022

The registered person must prepare and implement a policy ("the behaviour management policy") which sets out—

how appropriate behaviour is to be promoted in the children's home; and

the measures of control, discipline and restraint which may be used in relation to children in the home.

The registered person must keep the behaviour management policy under review and, where appropriate, revise it.

The registered person must ensure that—

within 24 hours of the use of a measure of control, discipline or restraint in relation to a child in the home, a record is made which includes—

the name of the child;

details of the child's behaviour leading to the use of the measure;

the date, time and location of the use of the measure;

a description of the measure and its duration;

details of any methods used or steps taken to avoid the need to use the measure;

the name of the person who used the measure ('the user'), and of any other person present when the measure was used;

the effectiveness and any consequences of the use of the measure; and

a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure;

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")—

has spoken to the user about the measure; and

has signed the record to confirm it is accurate; and

<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.</p> <p>(Regulation 35 (1)(a)(b) (2) (3)(a)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(b)(i)(ii)(c))</p>	
<p>The registered person must maintain records ("case records") for each child which—</p> <p>include the information and documents listed in Schedule 3 in relation to each child;</p> <p>are kept up to date: and</p> <p>are signed and dated by the author of each entry.</p> <p>(Regulation 36 (1)(a)(b)(c))</p>	9 September 2022
<p>Schedule 4 sets out the other information that the registered person must keep in relation to a children's home.</p> <p>The registered person must—</p> <p>maintain in the home the records in Schedule 4: and</p> <p>ensure that the records are kept up to date.</p> <p>(Regulation 37 (1) (2)(a)(b))</p> <p>In particular, ensure that the records include a copy of the staff duty roster of persons working at the home, a record of the actual rotas worked and a record of any person who works at any time at the home, including the registered manager.</p>	9 September 2022
<p>Subject to paragraph (6), the registered person must establish a procedure for considering complaints made by or on behalf of children.</p> <p>The registered person must ensure that a record is made of any complaints, the action taken in response, and the outcome of any investigation.</p> <p>(Regulation 39 (1) (3))</p>	9 September 2022
<p>*The registered person must notify HMCI and each other relevant person without delay if—</p>	9 September 2022

a child is involved in or subject to, or is suspected of being involved in or subject to, sexual exploitation;

an incident requiring police involvement occurs in relation to a child which the registered person considers to be serious;

there is an allegation of abuse against the home or a person working there;

a child protection enquiry involving a child—

is instigated; or

concludes (in which case, the notification must include the outcome of the child protection enquiry); or

there is any other incident relating to a child which the registered person considers to be serious.  
(Regulation 40 (4)(a)(b)(c)(d)(i)(ii)(e))

\*These requirements are subject to a compliance notice.

## 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:** 1271213

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

**Registered provider:** Your Chapter Limited

**Registered provider address:** 3 Hobart House, Oakwater Drive, Cheadle Royal Business Park, Cheadle, Cheshire SK8 3SR

**Responsible individual:** Karen Brougham

**Registered manager:** Post vacant

## Inspectors

Michelle Edge, Social Care Inspection Manager  
Amie Anders, Social Care Inspector

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