

# 1220887

Registered provider: Hygge Care Ltd

Full inspection

Inspected under the social care common inspection framework

## Information about this children's home

A small private provider owns this home. The home provides care for up to three children with emotional and behavioural needs.

The manager registered in September 2021 and is suitably qualified.

### Inspection dates: 9 and 10 August 2022

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

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

The effectiveness of leaders and managers **inadequate**

There are serious and/or widespread failures that mean children and young people are not protected or their welfare is not promoted or safeguarded.

**Date of last inspection:** 22 March 2022

**Overall judgement at last inspection:** sustained effectiveness

**Enforcement action since last inspection:** none

## Recent inspection history

Inspection date	Inspection type	Inspection judgement
22/03/2022	Interim	Sustained effectiveness
03/11/2021	Full	Requires improvement to be good
21/01/2020	Full	Good
04/12/2018	Full	Good

## Inspection judgements

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

Three children were living in the home at the time of the inspection. Two children have lived at the home for some time, and a third child moved in two months ago. One child has moved out since the last inspection, and staff and the children have met up on a couple of occasions since then.

Managers and staff fail to ensure that children have sufficient access to health and medical professionals to meet their needs. For example, health professionals advised staff in May 2022 to make a health appointment for one child relating to a specific health need. This did not happen. As a result, this child continues to have an unmet health need, which has a significant negative impact on their well-being and a detrimental impact on their physical health.

Healthcare planning arrangements for children are poor. This is because managers do not ensure that they have the most up-to-date looked after child medical for children. Additionally, managers do not ensure that children's healthcare records reflect their health needs. Without this information, staff are not able to meet children's health needs.

Children do not receive effectively planned care as managers do not have their most up-to-date plans from the local authority. Managers fail to effectively escalate requests to the local authority for the children's most up-to-date plans. This disorganised approach to the care planning arrangements for children has contributed to the children's needs not being fully understood by staff and managers. For example, managers have failed to ensure that a child's sensory needs have been met.

Staff do not involve children in planning their care or setting achievable goals. This is a missed opportunity to encourage children to achieve and to invest in their own progress.

Managers do not ensure that children have what they need to live comfortably in the home. For example, a child's precious possessions are stored in a pile in the bottom of a cupboard in his bedroom. The same child's bedroom walls are damaged and in need of repair. Another child has a broken bed as well as damage to his bedroom walls. This lack of attention to children's needs risks impacting on children's self-esteem and self-worth.

Since the interim inspection, one child has left the home and one has moved in. Managers have worked hard to ensure that children experience well-planned moves.

The home has a small number of core staff who have been a consistent presence in the lives of children. Staff support children's hobbies and interests, such as

swimming and trampolining, and two children have been on a holiday to Newquay with staff. Enjoying activities with staff enables children to form strong relationships based on shared interests.

Staff continue to support children's educational success. All three children go to school full time and sustain good attendance. Also, staff understand the importance of family time for children. Staff help children to spend time with family members and other people. This maintains important family relationships.

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

Staff do not act in accordance with the organisation's safeguarding policy and procedures. Staff have failed to record allegations of harm or inform managers, children's social workers and the local authority designated officer. Managers have failed to ensure that the regulator is notified of such concerns. Children who are at potential risk are therefore left vulnerable and without a voice.

Managers fail to identify safeguarding concerns in their review of restraints. For example, managers failed to identify that a child received injuries following restraint. They did not report this to external safeguarding professionals, including children's social workers. This means that incidents of injury to children lack independent scrutiny and children are denied an opportunity to speak with an independent person.

Staff do not have all the relevant information that they require to ensure that children are safe and risks are minimised as much as possible. Risk assessments do not provide guidance to staff about how to care for children who harm themselves. The registered manager has failed to reference support from mental health professionals or guide staff about the location and use of ligature cutters. Additionally, managers have failed to ensure that a child's risk assessment has been updated following an attempted incident of self-harm.

Children are not provided with a safe environment to live in. The external and internal environments of the home are poorly maintained and, in places, unsafe. The wooden decking in the garden is damaged, and it is collapsed in some areas. There are loose bricks scattered around the garden and it is also overgrown and not a safe or pleasant space for children to play.

Managers' monitoring of the health and safety of the home is inadequate. Managers have not taken effective action to address the shortfalls of a recent electrical inspection. For example, inspectors found exposed wires in the light fitting in one child's bedroom, alongside other hazards in the home.

Fire safety arrangements in the home fail to keep children safe. The manager has not taken effective action to address the shortfalls identified by the fire safety officer. The inspector found that one fire exit door is kept locked, meaning children cannot use this as a route of escape. In addition, fire drills do not take place regularly as required.

Managers do not ensure that the home is safely located. The location risk assessment is out of date. It does not give staff clear strategies to manage the risk to children from a nearby road.

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

The home has a manager who was registered with Ofsted in September 2021. The manager is supported by a responsible individual, who is a consistent presence in the home. Managers show limited awareness of the shortfalls identified in this inspection. However, managers do acknowledge that the organisation of systems in the home is a weakness.

Management oversight of the home fails to safeguard children. Managers fail to implement effective monitoring systems to enable them to identify shortfalls in the quality of care provided to children. For example, managers have repeatedly failed to meet regulatory breaches in regulation 13, the leadership and management standard, and regulation 6, the quality and purpose of care standard. Managers do not have a plan to address these shortfalls. This failure to meet requirements means that children's care continues to be compromised.

Managers' monitoring is ineffective and fails to protect children from harm. They do not effectively monitor, review and evaluate significant incidents, including physical interventions. Managers lack professional curiosity and fail to identify shortfalls and inconsistencies in staff recording. For example, managers did not explore the inaccurate and vague recording of an incident of physical intervention when a child received an injury. This means that managers cannot effectively evaluate if an incident of physical intervention is necessary and proportionate.

Managers do not provide staff with regular supervision support, a probationary review, or an annual appraisal in line with the organisation's internal policy. Therefore, managers are unable to assess whether staff are making progress and understand their roles and responsibilities in providing care to children and how to keep them safe. This exposes children to further risk, where poor practice from staff is not challenged.

Despite the small number of staff offering a consistent presence in children's lives, this is not enough. Current staffing arrangements fail to provide children with consistent care due to a high turnover of staff. Inspectors found that children had been cared for by 18 different staff over a 10-week period. This compromises children's ability to develop positive and healthy relationships with familiar adults who know them well.

Some staff do not have the necessary skills to care for vulnerable children with complex needs. For example, some staff have not received training in safeguarding of children, fire safety, administration of medication, health and safety, food safety, self-harm and ligature. This means that staff are not equipped with the appropriate skills and training to better support children.

Additionally, managers fail to provide care in line with the statement of purpose. Staff do not receive training in the organisation-approved therapeutic model of care as stated in the home's statement of purpose. Staff are therefore not suitably trained to meet the therapeutic needs of the children.

Leaders and managers do not have effective tools to regularly monitor, review and evaluate the care that children receive. They have not submitted a quality-of-care review to the regulator since March 2021. This means that managers do not have an accurate understanding of the outstanding needs of children in their care or the progress they have made.

A report by an independent person is submitted every month. This does not routinely contain feedback from parents or carers or children's social workers. Additionally, the independent person has failed to identify the significant shortfalls found at this inspection.

Staff say that they value the support of managers. However, more-experienced staff say there are significant shortfalls in the management of the home. Staff told the inspector that the management of the home is chaotic, and that insufficient attention is made to meeting children's needs, such as improvements to children's bedrooms.

Social workers are generally positive about the progress the children make. One social worker said that staff supported a child to attend important meetings. Another said that a child, who has been recently moved in, received a lovely warm welcome from staff and the other children. Social workers also said that they often find themselves repeating information to different staff and wondered about the effectiveness of internal communication between managers and staff.

## 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 quality and purpose of care standard is that children receive care from staff who—</p> <p>understand the children's home's overall aims and the outcomes it seeks to achieve for children;</p> <p>use this understanding to deliver care that meets children's needs and supports them to fulfil their potential.</p> <p>In particular, the standard in paragraph (1) requires the registered person to—</p> <p>provide to children living in the home the physical necessities they need in order to live there comfortably;</p> <p>provide to children personal items that are appropriate for their age and understanding. (Regulation 6 (1)(a)(b) (2)(a)(b)(ii)(iii)(vii)(viii))</p> <p>This specifically relates to managers ensuring that a child's bedroom is adapted to meet his sensory needs. Also, that managers ensure that a child has enough storage in his bedroom for all of his possessions. Additionally, that damage in children's bedrooms is promptly repaired.</p>	25 September 2022
<p>* The health and well-being standard is that—</p> <p>the health and well-being needs of children are met;</p> <p>children receive advice, services and support in relation to their health and well-being; and</p> <p>children are helped to lead healthy lifestyles.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that staff help each child to—</p>	25 September 2022

<p>achieve the health and well-being outcomes that are recorded in the child's relevant plans;</p> <p>understand the child's health and well-being needs and the options that are available in relation to the child's health and well-being, in a way that is appropriate to the child's age and understanding. (Regulation 10 (1)(a)(b)(c) (2)(a)(i)(iii))</p> <p>This specifically relates to managers ensuring that when a child needs a GP appointment this is made and recorded in the child's health plan. Additionally, that the most up-to-date information about children's health needs are on children's records.</p>	
<p>*The protection of children standard is that children are protected from harm and enabled to keep themselves safe.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that the 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. (Regulation 12 (1) (2)(d))</p> <p>This specifically relates to managers ensuring that the garden is maintained so that it is a safe place for children to play, and that an electrical inspection certificate is obtained. Additionally, that managers continually monitor all aspects of safety in the home and take action to address hazards.</p>	<p>25 September 2022</p>
<p>*The protection of children standard is that children are protected from harm and enabled to keep themselves safe.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that 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>have the skills to identify and act upon signs that a child is at risk of harm;</p>	<p>25 September 2022</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>are familiar with, and act in accordance with, the home's child protection policies; and</p> <p>that the home's day-to-day care is arranged and delivered so as to keep each child safe and to protect each child effectively from harm. (Regulation 12 (1) (2)(a)(i)(iii)(v)(vi)(vii))(b))</p> <p>This specifically relates to managers ensuring that staff have clear guidance to keep children safe and include strategies to manage future incidents and reduce risks. Also, that risk assessments are updated as new risks emerge.</p> <p>This also relates to managers ensuring that all staff have training to keep children safe and that managers and staff understand and follow safeguarding procedures. Additionally, when managers monitor incidents of restraint, they show professional curiosity and challenge potentially poor practice.</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 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 have the experience, qualifications and skills to meet the needs of each child;</p> <p>ensure that the home has sufficient staff to provide care for each child;</p>	<p>25 September 2022</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>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)(c)(d)(e)(f)(h))</p> <p>This specifically relates to managers ensuring that staff receive training in line with the home's statement of purpose and the workforce development plan and that all staff receive ligature training. Additionally, that staff complete mandatory training within agreed timescales and that managers have system to monitor staff training.</p> <p>Also, that managers ensure that there are sufficient staff to care for children.</p> <p>Additionally, that managers have systems in place to monitor and improve the quality of care that children receive.</p>	
<p>The care planning standard is that children—</p> <p>receive effectively planned care in or through the children's home; and</p> <p>have a positive experience of arriving at or moving on from the home.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that each child's relevant plans are followed;</p> <p>that staff help each child to access and contribute to the records kept by the registered person in relation to the child. (Regulation 14 (1)(a)(b) (2)(c)(f))</p> <p>This specifically relates to managers ensuring that children receive care in line with the most current local authority care plan. Also, that managers and staff engage children in plans for their care.</p>	<p>25 September 2022</p>

<p>Restraint in relation to a child is only permitted for the purpose of preventing—</p> <p>injury to any person (including the child);</p> <p>serious damage to the property of any person (including the child); or</p> <p>a child who is accommodated in a secure children's home from absconding from the home.</p> <p>Restraint in relation to a child must be necessary and proportionate. (Regulation 20 (1)(a)(b)(c) (2))</p> <p>This specifically relates to managers ensuring that records of restraint contain enough accurate information to assess if the measure used was necessary and proportionate.</p>	<p>25 September 2022</p>
<p>If the Regulatory Reform (Fire Safety) Order 2005(a) applies to the home—</p> <p>the registered person must ensure that the requirements of that Order and any regulations made under it, except for article 23 (duties of employees), are complied with in respect of the home. (Regulation 25 (2)(b))</p> <p>This specifically relates to managers ensuring that regular fire drills, including night time drills, take place and that all shortfalls on the fire risk assessment are addressed.</p>	<p>25 September 2022</p>
<p>The registered person must ensure that—</p> <p>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—</p> <p>the date, time and location of the use of the measure;</p> <p>a description of the measure and its duration;</p> <p>details of any methods used or steps taken to avoid the need to use the measure;</p> <p>a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure;</p>	<p>25 September 2022</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. (Regulation 35 (3)(a)(iii)(iv)(v)(viii)(b)(i)(ii)(c))</p> <p>This specifically relates to managers ensuring that records of restraint contain all of the information required by regulation. This also relates to managers ensuring that they debrief staff and children in sufficient detail to ensure the record is accurate and that they sign the record.</p>	
<p>The registered person must ensure that an independent person visits the children’s home at least once each month.</p> <p>When the independent person is carrying out a visit, the registered person must help the independent person—</p> <p>if they consent, to interview in private such of the children, their parents, relatives and persons working at the home as the independent person requires; and</p> <p>to inspect the premises of the home and such of the home’s records (except for a child’s case records, unless the child and the child’s placing authority consent) as the independent person requires. (Regulation 44 (1) (2)(a)(b))</p> <p>This specifically relates to the managers helping the independent person to regularly seek feedback from parents, carers and children. Additionally, that managers ensure that the independent person makes sufficient enquiries to ensure that the children are safeguarded and their well-being promoted.</p>	<p>25 September 2022</p>
<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>25 September 2022</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> <p>any actions that the registered person considers necessary in order to improve or maintain the quality of care provided for children.</p> <p>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").</p> <p>The registered person must—</p> <p>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</p> <p>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.</p> <p>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))</p>	
<p>The registered person must review the appropriateness and suitability of the location of the premises used for the purposes of the children's home at least once in each calendar year taking into account the requirement in regulation 12(2)(c) (the protection of children standard).</p> <p>When conducting the review, the registered person must consult, and take into account the views of, each relevant person. (Regulation 46 (1)(2))</p> <p>This specifically relates to managers ensuring that the location risk assessment is updated and includes advice to staff about managing the risk to children from the nearby road.</p>	<p>25 September 2022</p>

\* 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:** 1220887

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

**Registered provider:** Hygge Care Ltd

**Registered provider address:** Grosvenor House, 11 St Pauls Square, Birmingham, West Midlands B3 1RB

**Responsible individual:** Justin Evans

**Registered manager:** Dave Dixon

## Inspectors

Karen Gillingwater, Social Care Inspector  
Marianne Grandfield, Social Care Inspector

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