

SC033362

Registered provider: Peterborough City and Cambridgeshire County Councils

Full inspection

Inspected under the social care common inspection framework

Information about this secure children's home

This secure children's home is operated by a local authority and is approved by the Secretary of State to restrict children's liberty.

The home can accommodate up to 16 children aged between 10 and 17. It provides care for children accommodated under section 25 of the Children Act 1989, who are placed by local authorities. At the time of this inspection, five children were living at the home.

Education is provided on site in dedicated facilities.

Admission of any child who is under 13 years of age requires the approval of the Secretary of State, under section 25 of the Children Act 1989.

The commissioning of health services at this home is the statutory responsibility of NHS England under the Health and Social Care Act 2012.

The registered manager has been in post since May 2013.

Inspection dates: 13 to 15 September 2022

Overall experiences and progress of children and young people, taking into account	inadequate
Children's education and learning	requires improvement to be good
Children's health	inadequate
How well children and young people are helped and protected	inadequate
The effectiveness of leaders and managers	inadequate

There are serious and widespread failures that mean children and young people are not protected or their welfare is not promoted or safeguarded and the care and experiences of children and young people are poor and they are not making progress.

Date of last inspection: 10 March 2022

Overall judgement at last inspection: declined in effectiveness

Enforcement action since last inspection:

Following the last inspection on 10 March 2022, Ofsted served compliance notices in respect of the protection of children, leadership and management, and restraint. A monitoring visit was carried out on 12 April 2022 during which these notices were assessed as met. At this inspection, serious shortfalls in the care and safety of children have been identified and have resulted in Ofsted serving compliance notices in respect of the protection of children, leadership and management, and restraint.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
10/03/2022	Interim	Declined in effectiveness
13/10/2021	Full	Requires improvement to be good
05/11/2019	Full	Requires improvement to be good
16/07/2019	Full	Inadequate

Inspection judgements

Overall experiences and progress of children and young people: inadequate

Shortfalls in the effectiveness of leadership and management and how well children are helped and protected are having a detrimental impact on children's overall experiences and progress.

Inspectors did see some warm and friendly interactions between children and children and staff. Staff were seen doing their best under very difficult and challenging circumstances. However, staff are exhausted by the demands that they face daily, which is having a negative effect on children's care. One child's bedroom was dirty and had damage to the walls, and significant graffiti was visible throughout child's living area. In the same area, inspectors found takeaway food, which had been left out for several days. This does not support children's emotional and mental well-being.

Most children spoke about living in an unstimulating environment in which they sometimes feel contained rather than cared for. Children informed inspectors that, at times, they have spent unreasonable amounts of time in their bedrooms. Children said that some staff show little understanding of how this affects them. Inspectors acknowledged that there have been times when this measure has been the only safe option because of insufficient staffing levels. However, because of the lack of planning and management oversight, there is little evidence to confirm that this measure has been implemented in a caring or supportive way. As a result, children's overall experiences are poor.

Children do not receive well-coordinated care. Inspectors found very little evidence of care staff taking a trauma-informed approach. This is because of inadequate staffing arrangements that lead to a reactive and sometimes punitive approach that aims to contain children instead of providing opportunities for them to develop and grow.

A lack of management oversight and poor care planning decisions mean that children do not receive the levels of care that they need. This was particularly evident when a child whose needs were assessed as beyond the scope of the home was admitted at the direction of senior managers in the local authority. This had a significant and detrimental impact on children and staff who were already struggling. It led to a poor care experience and another failed placement for the child.

Children have limited or no involvement in making decisions about their care and daily life at the home. There are no children's meetings or any other forums for children to discuss concerns, ideas, wishes and feelings. There is very little evidence

that children's views are acted on. This has contributed to children feeling devalued and uncared for.

Children do not receive the support or targeted help that they need to help them understand and address the risks and behaviour that led to them being in a secure setting. When times are settled, staff have ad hoc conversations that encourage children to reflect on past experiences. However, there is very little evidence that any quality planned work is taking place.

Children have access to an independent advocate and know how to raise a complaint. However, children said that they do not see the point of using the home's complaints procedure because they rarely get a response. Records support this claim. Inspectors found several examples of times when children had not been spoken to about their complaint and whether they were satisfied with how their complaint was managed. This is another example of managers failing to maintain oversight of children's overall care experiences.

There are insufficient opportunities for children to engage in stimulating and purposeful activities. Although there have been some good examples of children enjoying their recreational time, including time out on mobility, there are more examples of activities being cancelled due to insufficient staffing. This has resulted in demotivated children who have limited opportunities to develop socially.

Children's education and learning: requires improvement to be good

Education leaders have an accurate understanding of the quality and impact of the curriculum across the different subjects provided and the areas that require improvement. Following the last inspection, leaders set high expectations for the re-design of the curriculum so that it will be ambitious for all children. This has led to improvements in the quality of education in a few but not all subjects.

In English and art in particular, staff responded well to leaders' expectations. In these subjects, teachers plan and teach an ambitious curriculum that meets the children's needs well. This enables children to make good progress in developing, consolidating and applying new knowledge and skills.

In English lessons, teachers plan and teach the curriculum through topics that incorporate broader subjects, such as history and diversity in society, that engage children's interest. Children make good progress in developing and deepening their knowledge and skills, which enables them to achieve appropriate accredited qualifications. Teachers use assessment effectively to identify the further teaching and support that children need to correct errors in their work and improve their reading, writing and comprehension knowledge and skills over time.

Long-term staff absence has resulted in mathematics lessons being covered by non-subject specialists. Children follow only a limited curriculum in mathematics, mainly completing exercises from commercially produced, computer-based resources. This limits the progress that children make in this subject.

Teachers' aims for the curriculum in physical education and vocational subjects are limited to a sequence of tasks and activities that they expect children to work through. Their planning does not focus sufficiently on how the content of lessons over time will challenge and support children to make progress in developing, consolidating and mastering the subject-specific knowledge and practical skills.

Staff establish children's starting points and learning support needs accurately. In a few subjects, teachers use this information effectively to plan and teach the curriculum so that it meets the children's needs. However, in too many subjects staff do not sufficiently consider this information. As a result, their teaching does not take sufficient account of children's knowledge and skills gaps or education support needs.

Staff across the home do not do enough to establish an ethos that values attendance in education. This is linked significantly to staffing issues in the care setting. Although education staff visit the few children who refuse to attend education in their residential accommodation and take appropriate activities for them to complete, these children rarely engage with the work. As a result, they miss out on substantial learning.

Children who attend education behave and engage well in the planned activities for most of the time. When they struggle to maintain good behaviour, staff use a variety of effective techniques to help children to manage their behaviour and attitude.

Education leaders have ensured that staff now receive effective training and support to help them to use suitable approaches to teach children with complex needs. Education and healthcare staff collaborate well. Through this, education staff understand how to use effective trauma-based strategies when teaching and interacting with the children when they are in education. As a result, outcomes for children when they are in education are mostly positive.

Since the last inspection, during which the provision of careers advice was found to be a weakness, leaders have engaged a specialist careers provider. Children now receive impartial careers advice and guidance, including what they need to do to prepare for their next steps in education or training.

Children's health: inadequate

Several factors have contributed to children's emotional and mental well-being being significantly compromised. Although many of these factors are beyond the scope of the health team to address, the outcomes for children's health cannot be assessed as anything other than inadequate.

Shortfalls in the administration of medication were identified at the full inspection in October 2021. Although managers have taken steps to improve practice, this continues to be an area of weakness. For example, not all controlled drugs are recorded in the controlled drug register. Guidance issued on the disposal of

controlled drugs does not meet current legislation. Care staff shortages mean that planned audits are being missed. Staff responsible for administering medication are often rushed and distracted, which results in errors being made. Although no child has been harmed because of these errors, this places children at unnecessary risk.

There is some concern that not all children are seen promptly by a healthcare professional following a physical intervention. Analysis of this information notes that the delay is often because of staffing pressures that lead to a delay in staff notifying the health team. Steps are being taken to address this, but implementation is limited because of vacancies in the health and care team, or if a restraint has happened outside of office hours.

Bi-weekly multi-disciplinary meetings take place to discuss each child and review their needs and interventions. All children have a detailed formulation plan. However, there is very little evidence of care staff understanding or implementing these plans, particularly in the care setting. Consequently, Secure Stairs (a whole-system integrated approach for children in a secure environment) is not fully embedded into everyday practice centre wide.

Even with ongoing recruitment attempts, there continue to be several vacancies in the health and well-being team, including for a speech and language therapist.

The health and well-being team is focused on the children's needs and is committed to improving children's health outcomes. The staff have positive relationships with the children and make every effort to respond to each child's known and emerging health needs.

Comprehensive health assessments are undertaken at the earliest opportunity and, when possible, within the expected timescales. When assessments have not taken place, such as when a child refuses to engage, information has been collated from other sources. This ensures that children's health and well-being needs are identified promptly.

Healthcare plans are detailed and appropriate referrals are made to health professionals. This helps to ensure that any identified needs can be met. Plans are kept constantly under review and there is good evidence that children are consulted and involved in how their health needs are met.

Strong links are established with a range of healthcare professionals that enable good planning for when children leave the home. This starts early in the child's placement and goes some way to ensuring that the right services and support are in place when children return to the community. Further support is given to children and the identified agencies through outreach support which lasts for 12 weeks after a child has left the home.

Children have good access to a range of age-appropriate healthcare services. These are sourced externally and include immunisations and vaccinations, an optician, sexual health support and a GP. There is also an on-site nurse-led service available

to children during the working week. In addition, children have access to a community dental provider who has monthly meetings with the health and well-being team. This ensures that children are supported to maintain good physical health.

It was raised during the inspection that children have a lack of access to orthodontic services due to the uncertainty about how long they will spend at the home and the waiting times for these services. This has been raised with health commissioners.

An agreed plan is in place with the local emergency department for when children need to attend hospital. This helps to ensure that hospital staff understand the additional complexities that are linked to a child from a secure setting attending hospital. This process is further strengthened by staff from the hospital being given training in this area.

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

Children's safety is, at times, compromised by staff failing to implement strategies that are designed to keep children safe. Records and closed-circuit television footage showed that checks which are designed to reduce the risk of children self-harming when they are alone in their bedrooms are not carried out in line with children's plans.

Conflicting information in children's records does not provide staff with adequate guidance on how to keep children safe. For example, one child's care plan states that they are not at risk from self-harm and there are no concerns regarding child sexual exploitation. However, their risk assessment states that they are at high risk of self-harm and have ligatured several times. Furthermore, a failure to risk assess or apply appropriate parental controls when allowing children to use an electronic tablet led to two children being able to access their social media accounts. This is of particular concern given the specific vulnerabilities of the children living at this secure children's home in relation to child sexual exploitation.

Staff are failing to maintain good standards of security. Several staff were seen wearing smartwatches despite these being listed as a prohibited item and having the potential to compromise children's privacy. Also, inspectors found several internal doors, which lead to areas which are unsafe for children, to be unlocked. This was identified as an issue before this inspection: a child accessed an office area and obtained an item which put others at risk and resulted in the child being physically restrained. A lack of learning from this incident has resulted in children continuing to be at risk of harm due to staff failing to implement security measures.

There have been incidents of physical restraint when the legal criteria for restraint have not been met. An incident of significant concern relates to staff forcibly removing a hooded top from a child on the basis that she may tie a ligature. From the evidence obtained, on this occasion, there is no evidence to suggest that the child was at immediate risk of harm. In their assessment of the incident, managers surmised that the measure had been necessary. A failure to ensure that physical

restraints are necessary and proportionate has a detrimental impact on children and adds to their traumatic experiences.

Single separation has been used without the threshold for this measure being met. Inspectors found one example of a child being placed on single separation in response to a brief behavioural incident which occurred half an hour before the separation started. The separation continued for over two hours, despite the child being settled and making repeated requests to end the separation.

Overall, there is a lack of effective monitoring of physical restraint and single separation. Managers are failing to scrutinise staff practice and are ineffective in identifying and addressing even the most basic shortfalls such as incomplete and inaccurate records. Furthermore, there are often significant delays between incidents occurring and management monitoring taking place. This increases the risk of unsafe practice going unchallenged for an unnecessarily lengthy period. These failures are detrimental to children and staff.

The system that is designed to encourage and reward positive behaviour is ineffective, and the use of punitive rather than restorative consequences is commonplace. Consequently, children are frequently disengaging with routines and are uncooperative in their response to staff. Inspectors found that most consequences had no relevance to the child's behaviour or that no opportunity to reflect and learn had been offered to the child. This is something that managers have failed to recognise when quality assuring these records.

Not all staff who are responsible for staff recruitment, including managers carrying out staff interviews, have received training in safer recruitment. Records do not demonstrate that references from applicants' most recent employer are routinely being requested or that sufficient efforts have been made to acquire these. This presents a risk of unsuitable adults being employed to work at the home.

Poor-quality search records mean that it is difficult to assess whether processes outlined in policy have been followed. Given the sensitive and personal nature of some of these searches, this places children and staff at risk.

The effectiveness of leaders and managers: inadequate

Serious shortfalls in staffing have resulted in frequent times without enough experienced and skilled staff available to safely meet the needs of this extremely complex group of children. A high use of agency staff, some of whom do not have the necessary skills, has compounded this issue and has contributed to an overall lack of continuity of care. Collectively, these issues have meant that children's care, safety and progress have, at times, been compromised.

Conversations with and feedback from staff have a general tone of dissatisfaction and discord. Staff told inspectors that morale is low. They spoke about a lack of support from managers, who have very little presence, even when things are at their most challenging. A child said, 'Staff are always talking about how unhappy they are

and that they are looking for other jobs.' The child went on to say, 'How do you think this makes me feel knowing that even the staff do not want to be here?'

Ineffective management oversight and monitoring mean that managers cannot be assured that each child's individual needs, risks and vulnerabilities are being considered and managed safely. Inspectors found a significant number of shortfalls that managers had failed to identify and/or address. For example, inspectors found contradictory information in children records, failures to meet the threshold for physical restraint and single separation and the implementation of a contingency plan that resulted in children spending unreasonable amounts of time locked in their bedrooms.

When shortfalls are identified, the action taken by managers does not hold staff to account or improve practice.

The standard of external monitoring is weak. It is concerning that the independent person, who visits the home monthly, has not identified many of the shortfalls that have been identified at this inspection, many of which seriously compromise children's care, safety and well-being.

There is an insufficient focus on ensuring that staff undertake or refresh mandatory or needs-led training. Training records indicate that several staff have not received essential training such as supporting children who self-harm, or the use of ligature cutters. Given the self-harm vulnerability of some children, this is a major shortfall. Furthermore, several staff have not completed the theory or legislation training in relation to physical restraint. This limits staff's understanding of the legal thresholds for restraint and does not equip them with the skills to de-escalate difficult behaviour.

Following Ofsted's last visit, senior leaders have developed an improvement plan that focuses on many of the issues identified at this and previous visits. This plan is based on occupancy levels reducing to four children who could be accommodated in one area of the home. This was achieved on the day of the inspection. Implementation of this plan relies heavily on this criterion being maintained to re-establish consistency and good standards of care. This plan is supported by senior managers in the local authority, and an application to reduce numbers has been submitted to and approved by Ofsted.

What does the secure children’s home need to do to improve?

Statutory requirements

This section sets out the actions that the registered person(s) must take to meet the Care Standards Act 2000, the 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>understand and apply the home’s statement of purpose;</p> <p>ensure that staff—</p> <p>understand and apply the home’s statement of purpose;</p> <p>protect and promote each child’s welfare;</p> <p>treat each child with dignity and respect;</p> <p>provide personalised care that meets each child’s needs, as recorded in the child’s relevant plans, taking account of the child’s background;</p> <p>help each child to understand and manage the impact of any experience of abuse or neglect;</p> <p>help each child to develop resilience and skills that prepare the child to return home, to live in a new placement or to live independently as an adult;</p> <p>ensure that the premises used for the purposes of the home are designed and furnished so as to—</p>	<p>28 October 2022</p>

<p>meet the needs of each child;</p> <p>ensure that any care that is arranged or provided for a child that—</p> <p>relates to the child’s development (within the meaning of section 17(11) of the Children Act 1989) or health; and</p> <p>is not arranged or provided as part of the health service continued under section 1(1) of the National Health Service Act 2006(1),</p> <p>satisfies the conditions in paragraph (3).</p> <p>The conditions are—</p> <p>that the care is delivered by a person who—</p> <p>has the experience, knowledge and skills to deliver that care; and</p> <p>is under the supervision of a person who is appropriately skilled and qualified to supervise that care. (Regulation 6 (1)(a)(b) (2)(a)(b)(i)(ii)(iii)(iv)(v)(vi)(c)(i)(d) (i)(ii) (3)(c)(i)(ii))</p>	
<p>The children’s views, wishes and feelings standard is that children receive care from staff who—</p> <p>develop positive relationships with them;</p> <p>engage with them; and</p> <p>take their views, wishes and feelings into account in relation to matters affecting the children’s care and welfare and their lives.</p> <p>In particular, the standard in paragraph (1) requires the registered person to—</p> <p>ensure that staff—</p> <p>ascertain and consider each child’s views, wishes and feelings, and balance these against what they judge to be in the child’s best interests when making decisions about the child’s care and welfare;</p>	<p>28 October 2022</p>

<p>help each child to express views, wishes and feelings;</p> <p>help each child to understand how the child’s views, wishes and feelings have been taken into account and give the child reasons for decisions in relation to the child;</p> <p>regularly consult children, and seek their feedback, about the quality of the home’s care;</p> <p>ensure that each child—</p> <p>is enabled to provide feedback to, and raise issues with, a relevant person about the support and services that the child receives. (Regulation 7 (1)(a)(b)(c) (2)(a)(i)(ii)(iii)(iv)(b)(i))</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—</p> <p>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>understand the barriers to learning that each child may face and take appropriate action to help the child to overcome any such barriers;</p> <p>help each child to understand the importance and value of education, learning, training and employment;</p> <p>promote opportunities for each child to learn informally;</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;</p>	<p>28 October 2022</p>

<p>help each child to attend education or training in accordance with the expectations in the child’s relevant plans; and</p> <p>that each child has access to appropriate equipment, facilities and resources to support the child’s learning. (Regulation 8 (1) (2)(a)(i)(ii)(iii)(iv)(v)(viii)(x)(b))</p> <p>Specifically, leaders and managers must continue to develop an ambitious education curriculum in all subjects. This should be supported by an ethos of high expectations that value children’s attendance and participation in education.</p>	
<p>The enjoyment and achievement standard is that children take part in and benefit from a variety of activities that meet their needs and develop and reflect their creative, cultural, intellectual, physical and social interests and skills.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that staff help each child to—</p> <p>develop the child’s interests and hobbies;</p> <p>participate in activities that the child enjoys and which meet and expand the child’s interests and preferences; and</p> <p>make a positive contribution to the home and the wider community; and</p> <p>that each child has access to a range of activities that enable the child to pursue the child’s interests and hobbies. (Regulation 9 (1) (2)(a)(i)(ii)(iii)(b))</p>	<p>28 October 2022</p>
<p>The positive relationships standard is that children are helped to develop, and to benefit from, relationships based on—</p> <p>mutual respect and trust;</p> <p>an understanding about acceptable behaviour.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that staff—</p>	<p>28 October 2022</p>

<p>encourage each child to take responsibility for the child's behaviour, in accordance with the child's age and understanding. (Regulation 11 (1)(a)(b) (2)(a)(iii))</p> <p>Specifically, ensure that sanctions are linked to the incident and support restorative practice.</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>help each child to understand how to keep safe;</p> <p>have the skills to identify and act upon signs that a child is at risk of harm;</p> <p>understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person; 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;</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)(a)(i)(ii)(iii)(v)(b)(d))</p>	<p>28 October 2022</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>28 October 2022</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 has sufficient staff to provide care for 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; 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)(d)(e)(f)(h))</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 children are admitted to the home only if their needs are within the range of needs of children for whom it is intended that the home is to provide care and accommodation, as set out in the home’s statement of purpose;</p> <p>that arrangements are in place to—</p> <p>ensure the effective induction of each child into the home;</p> <p>manage and review the placement of each child in the home; and</p>	<p>28 October 2022</p>

<p>plan for, and help, each child to prepare to leave the home or to move into adult care in a way that is consistent with arrangements agreed with the child’s placing authority;</p> <p>that each child’s relevant plans are followed. (Regulation 14 (1)(a)(b) (2)(a)(b)(i)(ii)(iii)(c))</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>	28 October 2022
<p>The registered person must ensure that—</p> <p>the privacy of children is appropriately protected. (Regulation 21 (a))</p> <p>Specifically, ensure that:</p> <p>all staff follow the home’s prohibited items policy;</p> <p>records of searches demonstrate that searches are being carried out in line with the policy and are proportionate to risk;</p> <p>actions which compromise children’s privacy are taken only when there is a risk of significant harm.</p>	28 October 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>In particular the registered person must ensure that—</p> <p>medicine which is prescribed for a child is administered as prescribed to the child for whom it is prescribed and to no other child; and</p>	28 October 2022

<p>a record is kept of the administration of medicine to each child. (Regulation 23 (1) (2)(b)(c))</p>	
<p>The registered person must recruit staff using recruitment procedures that are designed to ensure children’s safety.</p> <p>The requirements are that</p> <p>full and satisfactory information is available in relation to the individual in respect of each of the matters in Schedule 2. (Regulation 32 (1) (3)(d))</p> <p>In particular, obtain a reference from all applicants’ most recent employer.</p>	<p>28 October 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 name of the child;</p> <p>details of the child’s behaviour leading to the use of the measure;</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>the name of the person who used the measure (“the user”), and of any other person present when the measure was used;</p> <p>the effectiveness and any consequences of the use of the measure; and</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>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>28 October 2022</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)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(b)(i)(ii)(c))</p>	
<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 complaint, the action taken in response, and the outcome of any investigation. (Regulation (39) (1) (3))</p>	28 October 2022
<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.</p> <p>The independent person must produce a report about a visit (“the independent person’s report”) which sets out, in particular, the independent person’s opinion as to whether—</p> <p>children are effectively safeguarded; and</p> <p>the conduct of the home promotes children’s well-being. (Regulation 44 (2)(a)(b) (4)(a)(b))</p> <p>Specifically, the registered person should review the effectiveness of the current arrangements to ensure that they are effective in identifying and supporting the registered person to maintain good standards of care and safety for the children.</p>	28 October 2022

* These requirements are subject to a compliance notice.

Recommendations

- Leaders and managers should ensure that the ethos of the home supports each child to learn. In particular:
 - Use children's starting points and identified learning and support needs to plan learning logically in all subjects, to help children develop their knowledge, skills, behaviours and confidence sufficiently so that they know more, remember more and can do more over time.
 - In vocational subjects, plan and teach a curriculum that enables children to develop, consolidate and master the subject specific knowledge and practical skills that they need.
- (‘Guide to the Children’s Homes Regulations, including the quality standards’, page 29, paragraph 5.18)
- The registered person should ensure that no more than half the staff on duty at any one time are agency staff, and that these staff have the skills and attributes to meet the needs of the children. (‘Guide to the Children’s Homes Regulations, including the quality standards’, page 54, paragraph 10.16 and 10.17)

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: SC033362

Provision sub-type: Secure unit

Registered provider: Peterborough City and Cambridgeshire County Councils

Registered provider address: Scott House, 5 George Street, Huntingdon, Cambridgeshire PE29 3AD

Responsible individual: Ricky Cooper

Registered manager: Jeannette Winson

Inspectors

Paul Scott, Social Care Inspector

James Tallis, Social Care Inspector

Helen Simmons, Social Care Inspector

Catherine Raycraft, Health & Justice Inspector, Care Quality Commission

Malcolm Fraser, Her Majesty's Inspector, Further Education and Skills

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