

# 1220887

Registered provider: Hygge Care Ltd

Monitoring visit

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 social and emotional needs.

The manager registered in September 2021 and is suitably qualified.

**Inspection date: 26 September 2022**

## **This monitoring visit**

The home was judged inadequate at the full inspection on 9 and 10 August 2022. Due to the concerns identified during the inspection, Ofsted issued four compliance notices, under regulation 10 (the health and well-being standard), regulation 13, (the leadership and management standard) and two notices under regulation 12 (the protection of children standard) of the Children's Homes (England) Regulations 2015.

The purpose of this visit was to review the progress made against the four compliance notices. Inspectors found that three compliance notices, in relation to regulations 10, 12 and 13, have been met. However, some actions under regulation 12 were met and others not. A requirement has been issued to address these.

Since the full inspection, the same three children have remained living in the home. The children say they like living in the home and they like the staff.

Managers' review and evaluation of physical interventions continue to be weak. This is because managers do not fully understand their roles and responsibilities. Managers do not always identify shortfalls in staff recording. They are not curious about potentially poor practice. For example, managers do not explore with staff their lack of action when a child says he is being hurt during a physical intervention.

Managers do not always update children's plans and risk assessments with information that will help staff to manage children's complex behaviours.

Managers and staff do not always follow the home's safeguarding policy and procedures. They continue to fail to inform the regulator when a child makes an allegation of harm. This means that incidents lack independent scrutiny and vulnerable children are left at potential risk.

Despite these concerns, managers have taken action to improve in many other areas.

Managers now have effective systems to monitor all staff training. Managers and staff have received face-to-face training in medication, behaviour management, safeguarding, and reporting and recording. However, most training is completed online, and managers have failed to embed a system to test the impact of this training on staff's ability to keep children safe.

Managers have made vast improvements to the environment. Children's bedrooms have been personalised and new furniture has been purchased. One child now has a sensory area in their bedroom. They told the inspector, 'I spend lots of time in here now, it helps me to relax.' Improvements have also been made to the outside area, which means children can now play safely in this space.

Measures are in place to ensure that the home is free from hazards. Comprehensive risk assessments and regular health and safety checks are completed with management oversight. Regular fire drills are now carried out to ensure children know what to do in the event of an emergency. This means that staff now understand the risks posed to children and children now live in a physically safe environment.

Managers have obtained statutory documentation for children which is available to staff. Children's health needs are therefore known and are recorded in their plans. Staff support and encourage children to lead a healthy lifestyle. They also ensure that children have access to the relevant services for their physical, emotional and mental health. Children have been supported by staff to attend their medical appointments and specialist services. Children's involvement in managing their own health needs has improved and key-work sessions cover strategies to support with low mood and self-esteem. As a result, children's overall health needs are now promoted.

Staffing arrangements are now more consistent. No staff have left the home since the full inspection and additional staff have been recruited. Managers have arranged consistent cover for shortfalls in staffing. Although agency staff are still used, managers' reliance on these staff is reducing. Children say that they like the staff and that they can speak with them if they are unhappy.

Managers have implemented monitoring systems to enable them to identify any shortfalls in the care that children receive and to be proactive in addressing them. This includes regular monitoring of children's educational achievement, care planning and health needs. This means that the registered manager now has good oversight of children's progress.

Managers have reviewed staff learning and development needs and are providing additional training to meet them. This includes staff training in the therapeutic model of care. Staff attendance at therapeutic training sessions is recorded and monitored. This means that managers are ensured that staff have the skills to support children in line with the home's statement of purpose.

All staff have received at least one supervision since the full inspection and new staff have received additional supervision. A tracker is in place to ensure that staff receive regular dedicated time to reflect on their practice and discuss their well-being. Learning and development are standing items on the supervision agenda. This means that there is management support for staff and effective oversight of staff practice.

During this monitoring visit, inspectors reviewed some of the requirements from the inspection in August 2022. Inspectors judged requirements in respect of regulation 20, regulation 35 and regulation 45 as not met. These requirements have been restated. A requirement under regulation 44 was not reviewed and is also restated.

Staff have received training in reporting and recording. However, staff still do not ensure that records of restraint contain a clear description of the measure used to manage a child's complex behaviours. Records continue to lack detail, such as the time that a measure was used.

Although the manager has submitted a quality of care review, it does not contain feedback from children or parents and carers. The review fails to focus on the quality of the care provided by the home, and the impact the care is having on outcomes and improvements for the children. Additionally, managers have reviewed the quality of care over a one-month period rather than the six months required by regulation.

More positively, inspectors found that requirements made under regulation 6 (the quality and purpose of care standard) and regulation 14 (the care planning standard) are met. Children now have what they need to live comfortably in the home. For example, a child now has adequate storage in his bedroom and damage to his bedroom walls has been repaired. Children's plans are up to date and they reflect the local authority care plan. Plans are regularly reviewed with children and they evidence the progress children make.

Additionally, managers have ensured that all actions in the fire risk assessment have been completed. They have also updated the location risk assessment with all known risks and ensured this is shared with agencies.

## Recent inspection history

<b>Inspection date</b>	<b>Inspection type</b>	<b>Inspection judgement</b>
09/08/2022	Full	Inadequate
22/03/2022	Interim	Sustained effectiveness
03/11/2021	Full	Requires improvement to be good
21/01/2020	Full	Good

## 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 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>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 there is an effective review of physical interventions. In doing so, the registered manager must ensure that staff practice is challenged and any concerns are reported to the appropriate professionals. Also, that staff have clear guidance to keep children safe, and include strategies to manage future incidents and reduce risks.</p>	<p>6 November 2022</p>

<p>This also relates to managers implementing systems to ensure that all staff have the skills to understand, recognise and assess potential risk to children and implement appropriate strategies to manage these risks. Additionally, when managers monitor incidents of restraint, they should show professional curiosity and challenge potentially poor practice.</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>6 November 2022</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</p>	<p>6 November 2022</p>

<p>that the children are safeguarded and their well-being is promoted.</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>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>6 November 2022</p>

## **Information about this inspection**

The purpose of this visit was to monitor the action taken and the progress made by the children's home since its last Ofsted inspection.

This inspection was carried out under the Care Standards Act 2000.

## 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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