

SC437171

Registered provider: John-Edwards Care Homes Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home provides care for up to five children who may have learning and physical disabilities. The home offers long-term care for some children and a short-break service for others. At the time of this inspection, three children were living in the home and one child was receiving a short break.

The manager has been registered with Ofsted since July 2022.

Inspection dates: 12 and 13 October 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 widespread failures that mean children and young people are not protected or their welfare is not promoted or safeguarded.

Date of last inspection: 20 April 2021

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
20/04/2021	Full	Good
12/11/2019	Full	Requires improvement to be good
31/07/2019	Full	Inadequate
30/04/2019	Full	Inadequate

Inspection judgements

Overall experiences and progress of children and young people: inadequate

At this inspection, serious failings were found in safeguarding practice. This means that there are occasions when children have potentially been at serious risk of harm. Fortunately, to date, despite these shortcomings, there have been no significant negative consequences for children living in the home.

Overall, the home is well presented, with homely furnishings and decoration. Bedrooms are personalised and reflect children's identity. However, leaders and managers have not ensured that the home is kept clean throughout. For example, one child was sleeping on a dirty pillow that had a strong unpleasant odour. The garden is not well maintained, and the wet room requires refurbishment. A date has been set to improve the wet room but, in the interim, these factors detract from the homeliness of the environment provided for children.

Children who live in the home generally make good progress in terms of their development. Although targets set are individualised for children, these are not always reviewed and updated as quickly as they could be.

For most of the inspection, positive and nurturing interactions were observed at mealtimes and during activities between staff and children. However, one child did not receive the interaction and support from staff that they needed. Staff did not pick up on cues in this child's behaviour. Consequently, he displayed signs of boredom and potential distress.

Children's plans lack clear guidance for staff on how to care for children. In some cases, plans are contradictory. This has led to inconsistency in staff practice when supporting two children who use walking harnesses. Staff are unclear when and where these are to be used, which results in inconsistent care for children.

Plans to address and support the children with the most complex needs are not regularly reviewed and updated. Records about children's attendance at health appointments are not well maintained and are sometimes incomplete.

Records of medication stocks and administration are appropriate. There is clear guidance in children's plans on how each child likes to take their medication.

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

Staff are not consistently using the safeguarding or whistle-blowing procedures effectively. Consequently, safeguarding concerns are not consistently reported to leaders and managers or followed up. When concerns have been raised, leaders and managers, including senior leaders from the organisation, do not always respond effectively or implement strategies to mitigate risk. For example, a serious allegation

about the management and handling of medication was dealt with poorly. As a result of this, children were left potentially at risk and staff were not adequately supported.

Leaders and managers kept Ofsted well informed about their actions in relation to two safeguarding concerns that they were dealing with prior to the inspection. Actions taken in relation to these concerns were appropriate and included partnership work with relevant safeguarding agencies to mitigate risks and protect the children involved.

Records of significant events and decisions that affect children's lives are not always clear or of sufficient quality. For example, some do not clearly reflect the outcomes of child protection case conferences. Therefore, they lack clear guidance for staff. In addition, information about safeguarding concerns is not stored or organised in an easily accessible manner and there is not always a clear chronology of events. This makes it difficult for staff to understand and monitor risk to children effectively.

Staff rarely use restraint. However, staff are not clear about those children for whom the use of restraint is appropriate. This information is not included in children's plans and could lead to inconsistent practice that may place children at risk. Records of restraints and incidents are appropriate. However, one meaningful conversation with staff was carried out by a senior member of staff who was also involved in the restraint. This is not good practice.

Leaders and managers do not take enough action to ensure that children who are subject to restrictive practices have the necessary deprivation of liberty safeguards in place. This includes a lack of effective work with other agencies to pursue this matter swiftly, despite repeated actions being raised about it at one child's review.

Leaders and managers have required some children to 'sign' their consent for the use of restrictive practices without assessing the children's level of understanding and their competence to give such consent.

Risk for children is not measured effectively. For example, assessments used to match children to live at or visit the home do not evaluate the potential risks a new child may pose to the current residents and vice versa. It is not evident from records how parents and professionals are involved in decisions about risk management.

The recruitment of permanent staff accurately follows safer recruitment practices. However, leaders and managers are not assuring themselves that agency staff have been recruited using the same rigour.

The effectiveness of leaders and managers: inadequate

There is a registered manager in post who is suitably experienced and qualified for their role. However, leaders, managers and the independent person do not monitor the quality of care well enough or ensure that staff are consistently working in line with the statement of purpose. Some weaknesses found by inspectors at this inspection had not been identified beforehand.

Staff are not receiving the support and direction they need to enable them to fulfil their roles effectively. Difficult relationships between some of the staff have not been addressed. Consequently, the staff team is fractured and says that morale is low. Feedback from the staff varies considerably. Some report feeling unsupported and not listened to, while others say they feel well supported.

A shortage of staff is causing particular difficulty in the home. Staff report that current arrangements rely on them working excessive overtime, despite the use of additional temporary members of staff. Staff say that they feel pressured into agreeing to overtime and do not feel heard when raising this with leaders and managers. As a result of staffing shortages, some children's short-break stays are cancelled with little notice.

These pressures within the team are amplified by inconsistent and ineffective supervision. Supervision sessions do not consistently aid in the development of staff. Records of supervision sessions range from appropriate to poor. Poorer records lack appropriate guidance, management direction and actions.

As a result of the concerns identified at this inspection, Ofsted met with the home's senior leaders to alert them to the most urgent and serious concerns and to ensure that action to address these was planned. Ofsted will continue to monitor progress.

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>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>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>provide to children living in the home the physical necessities they need in order to live there comfortably. (Regulation 6 (1)(a)(b) (2)(a)(b)(i)(ii)(iv)(vii))</p> <p>In particular, ensure that: children's bedding is clean; the garden is well maintained; and the plans for the wet room refurbishment are completed.</p> <p>In addition, ensure that children's support plans are clear and accurate and do not contradict one another.</p>	<p>1 November 2022</p>
<p>The health and well-being standard is that—</p> <p>the health and well-being needs of children are met;</p>	<p>23 November 2022</p>

<p>children receive advice, services and support in relation to their health and well-being.</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>achieve the health and well-being outcomes that are recorded in the child’s relevant plans;</p> <p>take part in activities, and attend any appointments, for the purpose of meeting the child’s health and well-being needs; and</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)(a)(i)(iii)(c))</p> <p>In particular, ensure that children’s medical records include documentation about health appointments.</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>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that staff—</p> <p>meet each child’s behavioural and emotional needs, as set out in the child’s relevant plans. (Regulation 11 (1)(a) (2)(a)(i))</p> <p>In particular, ensure that staff are vigilant to children’s presentation and put in place the necessary support and supervision.</p>	<p>23 November 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>1 November 2022</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;</p> <p>take effective action whenever there is a serious concern about a child’s welfare; and</p> <p>are familiar with, and act in accordance with, the home’s child protection policies;</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 effectiveness of the home’s child protection policies is monitored regularly. (Regulation 12 (1) (2)(a)(i)(ii)(iii)(v)(vi)(vii)(b)(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>23 November 2022</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;</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>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>Restraint in relation to a child must be necessary and proportionate. (Regulation 20 (1)(a) (2))</p> <p>In particular, ensure that the use of restrictive equipment, such as walking harnesses, is detailed in the child’s plans and is subject to a deprivation of liberty safeguards procedure. In addition, competency assessment must be carried out to assess the ability of a child to give their consent to any restrictive practices. These assessments must be subject to regular review.</p>	<p>1 November 2022</p>

Recommendation

- The registered person should assure themselves that agencies which provide the home with agency staff effectively implement safer recruitment guidance so as to protect children from those who may wish to cause them harm (‘Guide to the Children’s Homes Regulations, including the quality standards’, page 60, paragraph 13.1)

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: SC437171

Provision sub-type: Children's home

Registered provider: John-Edwards Care Homes Limited

Registered provider address: 1 Suffolk Way, Sevenoaks TN13 1YL

Responsible individual: Suzanne Champion

Registered manager: Alicia Khusal

Inspectors

Wendy Anderson, Social Care Inspector

Martin Brown, Social Care Inspector

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Piccadilly Gate
Store Street
Manchester
M1 2WD

T: 0300 123 1231
Textphone: 0161 618 8524
E: enquiries@ofsted.gov.uk
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