

# SC022448

Registered provider:

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 voluntary organisation and is approved by the Secretary of State to restrict children's liberty. The children's home can accommodate up to 12 children who are aged between 10 and 17. The home provides for children accommodated under section 25 of the Children Act 1989 who are placed by local authorities.

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

The commissioning of health services in this home is the statutory responsibility of NHS England under the Health and Social Care Act 2012. Education is provided on site in dedicated facilities.

The manager is registered with Ofsted and has managed the home since July 2022.

There were six children living in this home at the time of the inspection.

### Inspection dates: 11 to 13 October 2022

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

Children's education and learning requires improvement

Children's health outstanding

How well children and young people are helped and protected good

The effectiveness of leaders and managers requires improvement

The secure children's home provides effective services that meet the requirements for good.

**Date of last inspection:** 19 January 2022

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

**Enforcement action since last inspection:** none

## Recent inspection history

| Inspection date | Inspection type | Inspection judgement    |
|-----------------|-----------------|-------------------------|
| 19/01/2022      | Interim         | Sustained effectiveness |
| 14/09/2021      | Full            | Outstanding             |
| 21/01/2020      | Full            | Good                    |

## Inspection judgements

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

Children benefit from the care of highly motivated staff. Staff show resilience and perseverance in their efforts to deliver a model of care that seeks to understand the impact of childhood trauma and overcome the disruption this causes in the lives of children. This is without doubt a major quality of this home.

There is a strong principle of 'child first' and an ethos of unconditional support that validates each child's self-worth. As a result, children who have experienced childhood trauma and disruption begin to feel valued and are better able to reflect on and understand their past experiences. There is good evidence that this presents a platform on which children can build and better plan, going forward. The effectiveness of this approach is evident in the good, sometimes significant, progress that children make across many aspects of their lives.

Staff are skilled at developing meaningful and supportive relationships with the children. These are characterised by emotional warmth and humorous interactions, which inspectors saw throughout this inspection.

The children have a strong voice in this home. Staff are interested in what children have to say and take every opportunity to engage them in meaningful conversations that encourage reflection and learning. This helps children to navigate their emotional complexities with a sense that staff understand and will be there for them.

Children are mostly positive about their care experiences and are confident in expressing when they are dissatisfied. When grumbles and complaints are made, suitable action is taken, ensuring that children understand what has been done and that they are satisfied with the outcome of their complaint. This is validated by the advocate, who said that when children raise issues with her, she is only adding her voice because staff have usually dealt with the issue.

Admissions are well considered. It is particularly good that staff are consulted about referrals and that their views are considered when making decisions about admissions.

It is recognised that the experience of coming to a secure children's home can be overwhelming, frightening and anxiety-inducing. The home provides a welcome video involving children who have lived this experience and know what it is like to live in this home. This is a particularly nice touch and goes some way to softening the admission experience for the incoming child. Supporting children when they leave the home is a major strength. Planning for resettlement starts at the point of admission and remains a priority throughout the child's placement.

Multi-disciplinary plans are used effectively to deliver programmes of support that are unique to each child's needs. Various meetings between care, education and health staff facilitate regular review. Communication is effective and ensures that all staff are knowledgeable about the child and implement the most up-to-date version of the child's plans.

Children enjoy a variety of enriching and enjoyable activities. Staff recognise the importance of being able to respond to the changing moods of the children and are versatile in arranging things with little notice. It was lovely to see photographs of children enjoying activities such as dressing up for a prom, Mexican night, Eurovision, Catwalk afternoon, pamper nights and zoo lab, being just a few examples.

Good thought and effort have gone into making the home as welcoming as possible. Decor is adjusted to meet sensory needs if required and children's rooms are personalised to help them feel they are living in a home where they can influence their environment.

### **Children's education and learning: requires improvement**

The quality of education is not consistently good. Teachers do not challenge children consistently to enable them to reach their full potential. A few children disrupt teaching and disturb other children who want to learn. Teaching staff do not consistently utilise opportunities to enrich children's lives through established routines.

Teaching staff do not challenge inappropriate language, such as expletives, rigorously enough and do not set firm enough boundaries for children's behaviour. A few children exhibited very poor behaviours which were seen to go unchecked.

Teaching staff have low expectations about the children attending education for the full session. Learning sessions are disrupted by the demands of children asking to be removed from sessions and taken back to residential units. Managers have very recently introduced an adapted and reduced timetable for some of the children with complex needs to ease them back into education and reduce their stress and anxiety. However, this is not yet fully successful or embedded into a consistent routine.

Children are not punctual in attending their sessions. They know that if they attend education at any point in the session, they will receive an attendance mark, which helps them receive rewards in their incentive scheme. For example, children attend education at the beginning or towards the end of the session and then return to residential units. In these instances, children do not participate in learning but merely register their presence in the class before leaving.

Teaching staff accurately identify children's starting points in English, mathematics and information and communication technology. They use regular assessments to plan personalised programmes, at the appropriate level, and to assess children's

progress in these subjects. A few children have completed accredited qualifications in English, mathematics and science.

The education curriculum is appropriate. All children study core subjects, including English, mathematics and science, and explore the wider curriculum, including cookery, art and music.

Children enjoy and participate in well-planned enrichment activities, such as graffiti painting, British sign language and make-up application, to support their personal development and increase confidence, self-esteem and independence.

Action has been taken to address the recommendations made at the last visit. Staff vacancies have recently been filled and sessions are now covered by subject specialists. Managers recognise that the teaching team is newly formed, and the curriculum needs further refinement to ensure that children can fully develop the knowledge, skills and behaviours that they need to make sustained progress.

Managers have begun to implement plans to enhance the vocational curriculum. For example, children can now study child development. However, managers recognise the current limitations for offering vocational subjects and continue to work with external partners to enhance the curriculum offer.

Teachers provide written feedback to children that helps them to understand what they have done well and what they need to do to improve. For example, children use dictionaries to correct spelling mistakes that have been identified by teachers.

### **Children's health: outstanding**

Children are supported by an experienced and well-resourced health team. Children benefit from the strenuous efforts made by the team which has resulted in children making excellent progress in all areas of health. Staff work exceptionally hard to build relationships with children, who often have complex health needs. This develops trust and a culture where the children accept help and advice.

The health team is well integrated throughout the home and works collaboratively with their education and social care colleagues. Their insightful and meaningful influence means that all staff have an excellent understanding of each child's specific needs.

Timely health assessments using the Comprehensive Health Assessment Tool are undertaken and reviewed regularly. This helps to ensure children's existing and emerging health needs are identified. Care plans are developed based on individual need, and timely referrals are made to other services as required. Responses to changing need are fluid and child-centred.

Children have excellent access to age-appropriate services such as visiting GPs, opticians and dental services. To underpin this, there is a weekly nurse-led clinic which provides immunisations, vaccinations and sexual health screening. This

approach ensures that children receive a swift and effective response to any health needs.

Children are seen by a nurse at the earliest opportunity following the use of any physical intervention, or by a mental health practitioner if they have self-harmed. This helps to reassure the children as well as promoting their safety.

'Secure stairs' (an integrated approach that addresses the needs of children in secure settings) is very well led and integrated into staff practice. As a result, this approach is fully embedded across the whole home. It ensures that the care and support provided to children creates an environment where they feel safe and able to start to explore their often very complex emotional and mental health needs. The promotion of emotional well-being is a priority and delivered to an excellent standard.

There are effective and organised medication processes in place to ensure that children receive their medication in a safe manner. Staff competency is checked regularly to ensure that practice is safe and consistent.

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

Children's safety is a priority for staff. They are attuned and responsive to the risks that are present for children individually, and as a group. This helps to minimise risk and provide support and reflection for the children at times of anxiety and stress.

Staff respond to behavioural incidents in a way which promotes learning for the child. The use of consequences demonstrates a restorative approach. Additionally, records demonstrate effective management oversight of the use of consequences to ensure that they are fair, effective and applied consistently. The overall approach supports children to have a positive experience of learning how to make amends for their mistakes.

Managers ensure that the physical environment is safe and secure and is adapted to meet children's individual needs. Recent refurbishment has been carefully planned and sensitively managed to ensure that there is minimal disruption to the children.

On the occasions when children make allegations against staff or disclose historical abuse, managers take swift and effective action to safeguard children, including involving the appropriate external safeguarding agencies.

Safe recruitment practices are understood and implemented by the manager and staff responsible for this area of practice. All necessary checks are in place to reduce the risk of unsuitable adults being employed to work at the home.

CCTV footage reviewed during the inspection demonstrates that the use of physical restraint is proportionate and appropriate. However, some records do not

consistently provide sufficient detail. During the inspection, managers took steps to ensure that these details are captured in the future.

Children have risk assessments which provide staff with an accurate description of their current and most relevant risks. Staff are also provided with clear guidance about the frequency of visual checks which should be carried out to reduce the risk of children self-harming when they are alone in their bedrooms. CCTV footage reviewed during the inspection showed that staff are providing safe care and that checks are carried out in line with children's plans. However, records of these checks are not consistent and the frequency could only be verified using CCTV.

Members of staff only search children when they have reasonable grounds to think that there is a risk if this is not done. Their use of relationships and understanding of individual risks for each child ensures that the use of searching is proportionate and sensitive.

### **The effectiveness of leaders and managers: requires improvement**

Managers are ambitious for the children and their staff and have a clear vision of how they wish the service they provide to develop and strengthen. While this has yet to be fully embedded, it helps staff and supervisors to understand the practice being developed and underpins their understanding of the children's needs.

Managers and staff care deeply for the children they look after. They work diligently and tirelessly to develop trust and meaningful relationships. Consequently, they develop insight into each child's strengths and weaknesses. This knowledge is used to develop care plans which inform staff practice and help the children to make progress.

Supervision and reflective practice are a strength of this home. Managers help staff to understand the emotional impact of working with children with complex needs. This helps the staff to understand the behaviours and needs of the children.

The health team provides additional support through the delivery of a responsive and ongoing training programme, including innovative podcasts and exemplary reflective practice. For example, care staff are supported to develop their own formulation plan based on their personal life experiences with the aim of increasing their own emotional resilience.

Stakeholders, such as social workers and parents, speak highly of the efforts made by the staff team and the positive impact their care and guidance have had on the children's well-being and progress.

There is a core of experienced staff who are helping new staff to develop their skills and confidence. This is a challenge at times, and both staff and children report that there are occasions when there are inconsistent responses, for example when asking for items they can take to their rooms. This can lead to frustration for children as well as an opportunity for them to exploit inconsistencies.

Some monitoring of key records has been inconsistent and missing information has not been identified by managers. For example, some records of restraint have failed to identify how long a child was held during the incident.

Other shortfalls in key records include gaps in the recording of room checks while children have been in their rooms and the recording of search practice when children return from outings. A review of CCTV footage has shown that the recording shortfalls were administrative errors and not poor practice. They require improvement and more thorough monitoring by managers. Although these shortfalls have not had an impact on children's safety, they are missed opportunities to analyse practice and to identify weaknesses in recording.

# 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, 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 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>raise any need for further assessment or specialist provision in relation to a child with the child's education or training provider and the child's placing authority;</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> | 31 December 2022 |

|  |                         |
|--|-------------------------|
| <p>help each child who is above compulsory school age to participate in further education, training or employment and to prepare for future care, education or employment;</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.<br/>(Regulation 8 (1) (2)(a)(i)(ii)(iii)(iv)(v)(vii)(viii)(ix)(x)(b))</p> <p>In particular, leaders must urgently improve children's attitudes towards attending education sessions. They must address punctuality in lessons and the awarding of attendance marks for presence in sessions for very short periods. They must also ensure that teaching staff set high expectations for children's behaviour in class to reduce significantly inappropriate language and improve behaviour. Staff must be more effective in managing demands to be returned to their residential units without a suitable reason.</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>use monitoring and review systems to make continuous improvements in the quality of care provided in the home.<br/>(Regulation 13 (1)(a)(b) (2)(h))</p> <p>In particular, the registered person must ensure that any recording shortfalls in records are promptly identified and rectified.</p>  | <p>30 November 2022</p> |
| <p>The registered person must ensure that—</p> <p>the privacy of children is appropriately protected;</p> <p>children can access all appropriate areas of the children's home's premises; and</p>  | <p>30 November 2022</p> |

|  |                         |
|--|-------------------------|
| <p>any limitation placed on a child's privacy or access to any area of the home's premises—</p> <p>is intended to safeguard each child accommodated in the home;</p> <p>is necessary and proportionate;</p> <p>is kept under review and, if necessary, revised; and</p> <p>allows children as much freedom as is possible when balanced against the need to protect them and keep them safe.<br/>(Regulation 21 (a)(b)(c)(i)(ii)(iv))</p> <p>In particular, In particular follow the home's procedure consistently when children return from mobility.</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>a description of the measure and its duration; 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.<br/>(Regulation 35 (3)(a)(iv)(c))</p> <p>In particular, ensure that the records of the incident include how long children were held.</p> | <p>30 November 2022</p> |

## 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:** SC022448

**Provision sub-type:** Secure Unit

**Registered provider address:** Nugent, 99 Edge Lane, Edge Hill, Liverpool L7 2PE

**Responsible individual:** Kate Herod

**Registered manager:** Andrea Marshall

## Inspectors

Paul Taylor, Social Care Inspector

Helen Simmons, Social Care Inspector

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Anita Pyrkotsch-Jones, HMI (FES – Ofsted)

Saul Pope, HMI (FES – Ofsted)

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