

# SC033457

Registered provider: Leeds City Council

Full inspection

Inspected under the social care common inspection framework

## Information about this secure children's home

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

The home can accommodate up to 24 children aged between 5 and 17 years. It provides care for up to 14 children placed by the Youth Custody Service and 10 children accommodated under section 25 of the Children Act 1989 who are placed by local authorities.

Admission of any child 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 has been registered with Ofsted since 2007.

There were 21 children living in the home at the time of this inspection.

### Inspection dates: 27 to 29 September 2022

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

The secure children's home is not yet delivering good help and care for children and young people. However, there are no serious or widespread failures that result in their welfare not being safeguarded or promoted.

**Date of last inspection:** 6 October 2021

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

**Enforcement action since last inspection:** none

## Recent inspection history

<b>Inspection date</b>	<b>Inspection type</b>	<b>Inspection judgement</b>
06/10/2021	Interim	Sustained effectiveness
11/05/2021	Full	Outstanding
07/01/2020	Full	Good
24/04/2019	Interim	Sustained effectiveness

## Inspection judgements

### **Overall experiences and progress of children and young people: requires improvement to be good**

Children are supported by a multidisciplinary team of professionals. Information-sharing in meetings is effective and there is a coordinated response to meeting children's needs. Nevertheless, shortfalls in the help and protection of children and the leadership and management of the home mean that the overall experience and progress for all children are not consistently good.

Children are offered a range of activities that support their social development. Some children said that, although programmes are offered, they do not always take place due to staffing issues.

In response to the increasing number of younger children living in the home, staff are developing new social activities that target different age groups. A group for younger children, 'The Avengers', now meets regularly to give these children time away together. This group is in its infancy and therefore the longer-term impact cannot yet be assessed.

The increasingly wide age span of children living together places additional pressure on staff to meet the emotional and developmental needs of all children. On occasion, this also results in tensions between children. A sensory room is being established to provide more resources that will benefit the children in the longer term. However, this is a new initiative and the impact cannot yet be determined.

Children who come to live at this home do so in a planned way and managers understand their complex needs prior to admission. Not all staff have the skills, knowledge and experience to meet the physical and emotional needs of younger children. Training is being delivered; however, necessary changes to practice that reflect younger children's needs are not yet fully embedded.

Children's views, wishes and opinions are central to the daily routine in the home. Each home area has regular children's meetings and there is evidence of good topical discussions around issues such as bullying. A junior leadership team of children, elected by their peers, meets monthly with leaders and managers to discuss issues that arise from children's meetings. Minutes of meetings show meaningful discussions and demonstrate that senior staff respond positively to children's suggestions when possible.

Programmes of interventions and key-work sessions with children are coordinated in each home area by practice development officers. These staff recognise the need to adapt practice to meet the changing demographic of children in the home, and their increasingly complex needs. For example, programme development officers are developing more visual tools for staff to use to communicate with and engage children.

Staff work with local authorities and, where applicable, the youth custody service as children prepare to leave the home. This means that children's discharges to community placements or to other parts of the secure estate are well planned and supported. Staff offer initial practical and emotional support to children after they have left the home. This approach helps children to manage this change.

### **Children's education and learning: good**

The headteacher provides strong leadership and understands the curriculum, the staff and the children well. School leaders use a range of quality assurance processes to monitor the quality of education and the progress that children make in their studies. The governing body receives regular and detailed reports, and provides the senior team with appropriate challenge and support.

Since the previous inspection, leaders have dealt with a serious safeguarding incident in the classroom. School leaders investigated the incident thoroughly and took prompt action to keep children safe. They commissioned an external audit and acted on the recommendations made. This has strengthened the safeguarding training programme for staff. They learned from the incident and reduced the risk of a recurrence.

Recently, leaders have admitted children with more complex learning needs, and from a wider age range. The need for additional staffing to support these children has increased the proportion of agency staff used in the school. The headteacher works closely with staff to adapt the curriculum and working practices to provide varied learning opportunities. However, this is a time of transition, and there are currently inconsistencies in the quality of education between subjects.

School leaders provide a broad range of academic and vocational subjects that meet the needs of the children well. Children are supported to achieve qualifications. School leaders provide a stimulating learning environment with relevant displays and good-quality equipment.

When children are admitted, teaching staff quickly complete a wide range of initial assessments to accurately identify children's education needs. They implement the requirements of children's education, health and care plans, or, when necessary, liaise with external education services to ensure that these plans are in place.

Education staff work well with other relevant professionals, such as psychologists and speech and language therapists. They work hard to understand the nature of the trauma that the children have experienced. They discuss, adapt and implement strategies to support the children's learning. In the most challenging of circumstances, children's behaviour improves, and most children learn more.

Most children make good progress from their starting points in most subjects. In most cases, teachers teach and then assess what the children have learned. Teachers use well-crafted learning resources that break up large concepts into

smaller, manageable pieces of learning. This helps the children to build up their knowledge and skills incrementally and means that children's learning and understanding develop well over time.

Teachers provide helpful verbal and written feedback to children. Children know what they do well, what they need to improve, and how to improve. On a small number of occasions, teachers focus too much on teaching through examination-based assessments. Sometimes, teachers ask children to complete an assessment before they have been taught the topic, or before teachers have taught a rich curriculum that enables children to select appropriate examples. As a result, some children become disengaged and do not make the progress of which they are capable.

In most lessons, the teacher works well with the teaching assistants. Together, they support the children to stay in the lesson and to control their emotions. In a small number of cases, the teacher and the teaching assistants are not clear enough about their respective roles in supporting children's academic progress. At times, teachers and teaching assistants do not provide a clear message of what the child needs to do.

Children benefit from a well-constructed and individualised personal development curriculum. They learn about the risks of alcohol, smoking and drugs, and the benefits of healthy lifestyles. Teachers ensure that the content is appropriate to the age, individual circumstances and needs of the child.

Staff know the children well and work hard in their best interests. Each child is assigned a key teacher, who meets with them weekly. This teacher reviews their progress and contributes to their preferences. School leaders work with the children, their families and a wide range of external agencies to make sure that the children have the best chance of a successful transition into education, employment or further custody.

### **Children's health: good**

There is an experienced and well-resourced healthcare team. Staff are focused on the needs of children and prioritise improving their health outcomes. The healthcare team has good relationships with the children and responds appropriately to each child's unique health and well-being needs.

Integrated working, including the sharing of appropriate information, with other key professionals and staff in the home is effective. This helps to ensure that all staff understand the health needs of each child. Staff work hard to review ongoing needs and risks and adapt working practices as children's health needs change.

Timely assessments using the Comprehensive Health Assessment Tool are quickly completed and regularly reviewed. This helps to ensure that children's existing and emerging health needs are identified. The healthcare team develops care plans

based on individual need. It also completes appropriate referrals to other services as required.

Children have good access to a range of age-appropriate primary care services. During the working week, there is an on-site nurse-led service available to children. This includes offering children immunisations and vaccinations, and sexual health screening. This ensures that children are supported to maintain good physical health.

The integrated care model is well embedded throughout the home, and this helps to improve outcomes for children. All children have a formulation plan in place and these plans are reviewed regularly as part of a multidisciplinary process. The healthcare team uses assessments and a range of standardised tools to support this approach. Discussions around the involvement of children in this process and how to best capture their views are ongoing.

Plans to support children with transition into future placements start at the earliest opportunity. Healthcare staff use their assessments and knowledge of the children to help professionals to identify what support services are needed when a child leaves the home.

All care staff have received training and completed a competency assessment before they are signed off to administer medication. The home is currently awaiting the implementation of a new electronic recording system for medication. Competency assessments, as well as policy and procedures, are being refreshed as part of this process. Audits are in place and investigations occur when medication errors are identified, followed by appropriate action.

The strong health and well-being leadership team ensures that the service continues to develop. The team is well supported and benefits from clinical supervision.

### **How well children and young people are helped and protected: requires improvement to be good**

Managers and staff are aware of how trauma and past experiences affect children's behaviour. The multidisciplinary team collaborates to devise individualised formulation plans and risk assessments that guide staff on how to work with the children. Staff help children to understand the risks to their safety and, when relevant, their offending behaviour. During their time in the home, staff support children to begin to take appropriate responsibility for their actions and decisions.

Staff mostly use a restorative approach to managing children's behaviours, anxieties and frustrations. This helps children to recognise the impact that their behaviour has on themselves and others.

When children's behaviours put them or others at an immediate risk of harm, staff use physical restraint to de-escalate these incidents. Although the use of this measure of control is mostly appropriate, there are some occasions when staff have

failed to use approved techniques or have continued to restrain the child when the risk of immediate harm has passed.

Managers do not always quality assure all incidents of physical restraint effectively, and this potentially places children at risk of harm. For example, following a difficult restraint, managers identified that staff needed to refresh their restraint training, but failed to recognise that poor staff practice should have been referred to the local authority designated officer.

There is a lack of independence in the oversight and scrutiny of some physical restraints, and associated records, by senior leaders. For example, on one occasion, a manager who was involved in a protracted physical restraint that included an assault, a prone and supine restraint and a ligature incident went on to complete the review of the record and the CCTV footage of this incident. This was not picked up on by senior managers and the lack of transparency places children at risk.

Records of staff debriefs following incidents are unclear. These do not always detail who facilitated these debriefs or whether any practice concerns were identified or discussed. This is a missed opportunity to improve practice.

The use of other measures of control, including single separation and managing away, is proportionate. Single separation and managing children away from the peer group are used appropriately, and in line with legislation. Children are supported to understand why these measures are implemented and a restorative and nurturing approach is used to support them to return to the group at the earliest opportunity.

Multidisciplinary and well-planned work supports children with specific high-profile risks. When necessary, staff receive additional training, for example around extremism and terrorism. This knowledge and guidance help staff to act appropriately to manage and reduce these risks.

### **The effectiveness of leaders and managers: requires improvement to be good**

There are gaps in the effective monitoring and review of the home and this affects the help and protection of children. Shortfalls in senior management oversight of physical restraints place children at risk of harm.

The home is managed by an experienced and suitably qualified manager who works collaboratively with the senior leadership teams for education and health. The manager is supported by the middle-management team in the day-to-day running of the home. Children and staff spoke positively about the management team and said that managers have a visual presence in and around the home. This provides children and staff with reassurance.

Most staff said that they feel supported, both professionally and personally, and that this has been particularly true during the COVID-19 pandemic. Staff receive regular training and participate in supervision sessions. Nevertheless, records of these



sessions are often brief and, at times, repetitive from one month to the next. Supervision records do not demonstrate opportunities for staff to fully discuss significant incidents. As a result, there are missed opportunities to embed learning. This shortfall was raised as a recommendation at the last inspection.

The current mix of children, including the admission of younger children, has necessitated an increase in managerial oversight and changes in care practice. This includes the need for specialised training and more robust quality assurance processes. Although this has resulted in some retraining, this still needs to be embedded further to meet children's needs.

Team meetings are well attended by staff in each home area and these meetings are well recorded. Managers encourage staff to use these opportunities to discuss and share good practice and disseminate learning.

Staff rotas show that there are adequate staff to cover shifts; however, managers and staff have worked overtime to ensure this. Some staff have reported that, at times, there has been a lack of staff to meet the needs of the children and ensure safety at all times. Leaders acknowledge that staffing remains a challenge and have implemented a rolling programme of recruitment. Agency staff are used to cover shortfalls, and this has sometimes led to permanent appointments.

Partnership working is a strength of this home and the manager prioritises this area of practice. External agencies and professionals, including children's social workers, praise the effective joint working and recognise the positive impact that spending time in this secure environment has on outcomes for children.

A requirement made at the last inspection with regards to notifying Ofsted of significant incidents, and ensuring that these written notifications are of good quality and timely, has not been addressed. This is repeated at this inspection.

## 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 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>ensure that staff have the experience, qualifications and skills to meet the needs of each child. (Regulation 13 (1)(a)(b) (2)(c))</p> <p>In particular, the registered person must ensure that staff have the skills to work with younger children and that training to support staff to work with younger children is embedded in day-to-day practice.</p>	<p>25 November 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>use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(a)(b) (2)(h))</p>	<p>25 November 2022</p>

<p>Restraint in relation to a child must be necessary and proportionate. (Regulation 20 (2))</p> <p>In particular, the registered person must ensure that the staff only use approved techniques to restrain children and that children are released from restraint holds at the earliest opportunity.</p>	<p>25 November 2022</p>
<p>The registered person must ensure that all employees—</p> <p>receive practice-related supervision by a person with appropriate experience. (Regulation 33 (4)(b))</p>	<p>25 November 2022</p>
<p>The registered person must ensure that—</p> <p>within 48 hours of the use of the measure, the registered person, or a person who is authorised by the registered person to do so (“the authorised person”)—</p> <p>has spoken to the user about the measure; and</p> <p>has signed the record to confirm it is accurate; and</p> <p>within 5 days of the use of the measure, the registered person or the authorised person adds to the record confirmation that they have spoken to the child about the measure. (Regulation 35 (3)(b)(i)(ii)(c))</p> <p>In particular, the registered person must ensure that the use of physical restraint is appropriately and independently reviewed and scrutinised, by persons not involved in the restraint, and that this includes a review of staff practice, and that records detail staff debriefs.</p>	<p>25 November 2022</p>
<p>The registered person must notify HMCI and each other relevant person without delay if—</p> <p>a child is involved in or subject to, or is suspected of being involved in or subject to, sexual exploitation;</p> <p>an incident requiring police involvement occurs in relation to a child which the registered person considers to be serious;</p> <p>there is an allegation of abuse against the home or a person working there;</p> <p>a child protection enquiry involving a child—</p>	<p>25 November 2022</p>

is instigated; or

concludes (in which case, the notification must include the outcome of the child protection enquiry); or

there is any other incident relating to a child which the registered person considers to be serious.  
(Regulation 40 (4)(a)(b)(c)(d)(i)(ii)(e))

In particular, the registered person must ensure that written notifications made under this regulation are completed in sufficient detail and sent in a timely manner.

## Recommendations

- The registered person should ensure that the ethos of the home supports each child to learn. In particular, school leaders should provide training so that all teachers know how to plan and teach a rich curriculum, and use assessments well, to support children’s learning. (‘Guide to the Children’s Homes Regulations, including the quality standards’, page 29, paragraph 5.18)
- The registered person should ensure that the ethos of the home supports each child to learn. In particular, school leaders should ensure that teachers and classroom-based assistants are clear about their roles. (‘Guide to the Children’s Homes Regulations, including the quality standards’, page 29, paragraph 5.18)
- The registered person should ensure that a record of supervision is kept for all staff, including the manager. The record should be sufficiently detailed and accurate. (‘Guide to the Children’s Homes Regulations, including the quality standards’, page 61, paragraph 13.3)

## 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:** SC033457

**Provision sub-type:** Secure unit

**Registered provider:** Leeds City Council

**Registered provider address:** Leeds City Council, Civic Hall, Calverley Street,  
Leeds LS1 1UR

**Responsible individual:** Joel Hanna

**Registered manager:** Francis N'Jie

## Inspectors

Cath Sikakana, Social Care Regulatory Inspector

Paul Scott, Social Care Regulatory Inspector (27 September 2022)

James Tallis, Social Care Regulatory Inspector

Dawn Parton, Social Care Regulatory Inspector

Martin Ward, His Majesty's Inspector, Further Education and Skills

Cat Raycraft, Health and Justice Inspector, Care Quality Commission

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