

# SC031490

Registered provider: East Sussex County Council

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 care for up to seven 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. 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 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.

### Inspection dates: 15 to 17 November 2022

|   |                                 |
|---|---------------------------------|
| <b>Overall experiences and progress of children and young people, taking into account</b> | <b>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   | good                            |

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

**Date of last inspection:** 14 December 2021

**Overall judgement at last inspection:** good

**Enforcement action since last inspection:** none

## Recent inspection history

| Inspection date | Inspection type | Inspection judgement    |
|-----------------|-----------------|-------------------------|
| 14/12/2021      | Full            | Good                    |
| 03/08/2021      | Interim         | Sustained effectiveness |
| 25/02/2020      | Full            | Good                    |
| 12/11/2019      | Interim         | Sustained effectiveness |

## Inspection judgements

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

Children benefit from the care provided by staff, who prioritise their individual needs. There is a strong principle of 'child first' at this home and a well-embedded ethos of trauma-informed care. Staff help children to understand and overcome the challenges that led to them needing a secure placement.

Staff build meaningful, supportive relationships with the children. Interactions with children are characterised by emotional warmth, affection and humour.

Care, education and health staff work in a coordinated way to develop and deliver individualised plans and programmes of support. These are continuously assessed in a range of focused and purposeful meetings that aim to give children the best opportunities for success. Children are consulted before every meeting and staff advocate for their best interests. Staff are creative in finding ways to help children understand and contribute to their plans. For example, staff use visual aids and graphs to help children understand their own behaviour. Staff also adapt key documents into symbol form for some children.

Children told inspectors that most staff listen to them and do their best to address their concerns and complaints. They express particular confidence in the registered manager as the overall decision-maker. Feedback from the independent advocate who visits the children supports this.

There is a strong commitment to wanting the best outcomes for the children and supporting the preparation for their return to the community. An effective multi-agency approach ensures that children have the best possible plans for when they leave, giving them the best opportunities for success and stability.

Children enjoy a range of enriching and stimulating activities. For example, they have enjoyed demonstrations of graffiti art, a magic show, a 'Bake Off', a Mad Hatter's tea party, a prom and a silent disco. However, children said that their favourite is having visits from a therapy dog.

Staff recognise the impact that being in a secure home can have on children. Staff ensure that, when assessed to be safe, there is a high level of planned activities outside the home, including health walks and health drives. These opportunities are valued by the children and serve as a useful way to alleviate stress. These activities also test the children's ability to manage risk when in the community.

Visits with family and significant others are supported so that children can maintain relationships with the important people in their lives. Families said that staff make them feel welcome and support their visits so that everyone benefits.

Children are positive about their experiences and recognise their own progress. Parents and professionals are equally positive about the support and care that staff give children, often managing a range of complex needs and behaviours. One professional referred to the commitment and resilience of staff in caring for a child with complex self-harming behaviours, saying, 'Thank you for fighting for her best interests. It has been refreshing to be surrounded by a team that understands the impact of trauma and really want to make a difference.'

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

Leaders and managers have designed a curriculum that is ambitious across all subject areas and tailored to meet children's needs. They offer children a broad range of options, including mathematics, English, science courses and vocational subjects, and creative, personal and social skills. Staff liaise regularly with other relevant professionals to understand the complex emotional needs of children.

Leaders and managers collate a wide and appropriate range of information about children's starting points. Teachers assess children's initial understanding in all subjects. They use this information effectively to plan the curriculum in a way that addresses children's interests and the gaps in their knowledge.

Teachers and learning support staff identify and use appropriate learning strategies to help the children to make progress. They address well the requirements of education, health and care plans, and children's special learning needs. For example, teachers support a child with autism spectrum disorder by establishing clear routines. This reduces the child's anxiety and improves their academic progress.

Since the previous inspection, the higher-level teaching assistant has received additional training to support children's speech and language development. Working together with the specialist speech and language therapist, they now provide precise support for children's language development in education. For example, a child with limited forms of written expression now composes extended sentences.

Leaders have provided teachers with high-quality training about curriculum design and how to help children remember more. In all subjects, except mathematics, teachers plan and teach the curriculum well. Teachers set and monitor appropriate targets. Teachers provide precise developmental feedback to children. Children make good progress in nearly all subjects.

Leaders implement the school-wide reading strategy well. Teachers accurately identify children's starting points. Leaders plan daily opportunities for children to read. Those children who are more confident and fluent readers read independently. Teachers provide individual support for weaker readers and will read out loud with the child and provide support to decode words.

Teachers in mathematics do not provide children with a clear explanation of what they are learning and how it fits into the bigger mathematical picture. Teachers focus on exam assessments and past papers to the detriment of long-term learning. Children's work is poorly presented and does not provide them with a positive record of what they have learned. Children do not make swift progress from starting points.

Leaders provide a rich and individualised personal development curriculum. It includes the issues of gender identity and sexuality. They plan and teach a challenging curriculum relating to the development of healthy relationships. In partnership with the health team, teachers have planned and taught about managing the risks of alcohol. They have developed a learning unit on the impact of teenage pregnancy.

Teachers adapt their approach well to the individual needs of the child and children's work shows more detailed understanding over time.

Leaders track children's academic and personal development well. They provide appropriate rewards and celebrate children's achievements. Leaders work hard to support the children to gain recognition for their work through external qualifications and internal recognition. Most children respond positively.

Teachers adapt the scale and content of the curriculum to improve children's levels of engagement. Teachers support work in the home well when children refuse to attend class. Leaders monitor children's attendance and progress closely. They work constructively with children to find ways to improve their attendance and behaviours. While there are medium-term successes, for most children attendance remains a daily challenge.

The education team works closely with staff across the home. They know the children well and care about their welfare and educational progress. They manage behaviour skilfully and act as good role models. Staff challenge children's inappropriate language or behaviour effectively and promptly.

Due to the small numbers of children currently in the home, children have limited opportunities to develop the skills and resilience needed to work as part of a team or to understand other children.

Leaders work with other agencies, including the virtual school, to ensure that children have clear and appropriate plans for their transition from the school. Before children leave, the headteacher plans for them to discuss their future careers with an independent careers adviser.

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

Children have access to a well-resourced health team who are child-focused and passionate about helping children improve their health outcomes.

Staff work hard to build positive relationships with children and are creative in their methods. For example, they worked with children to make bath bombs to raise money for charity. When children are reluctant to engage, the staff are innovative in their approach. They provide advice and consultations to the wider team to help ensure that children's health needs are met and that they have access to specialised services when needed. Care staff speak positively about the health team.

Effective joint working by the health team and the care and education teams is a real strength. Information is shared to help ensure that all staff understand children's health needs, review ongoing needs and risks, and provide individualised care.

Comprehensive health assessments are completed in a timely way to help early identification of each child's health needs. Children have one care plan covering all areas of health, which evidences regular reviews and progress. Children have good access to the health team and a general practitioner, and also to age-appropriate services such as vaccinations and sexual health screening.

Children are spoken with after involvement in a restraint or after an incident of self-harm. This is to identify any health needs and ensure that the child is supported.

The Secure Stairs framework is fully embedded throughout the home. Children have a formulation plan in place. These plans are reviewed regularly as part of an effective and strong multidisciplinary team meeting process, to support the provision of individualised care for each child.

There have been reduced opportunities for formal reflective practice sessions for care staff, due to the need to prioritise the care of children.

Following an external pharmacy audit, an action plan has been developed. This includes establishing regular and detailed medication audits to ensure that all errors are identified and addressed. However, when errors have been identified, appropriate action has been taken and learning has been shared.

The health team contributes to the planning for each child's transition, which starts as soon as a child is placed at the home. Healthcare staff use their assessments and knowledge of the children to help support the team around the child to identify appropriate placements. Discharge summaries are completed and shared with relevant professionals.

The healthcare team works well together and staff are exceptionally supportive of each other. Clinical supervision and appraisals are carried out in line with health trust policy. Mandatory training for healthcare staff is up to date. Staff have access to additional training to support their roles and enhance the service being delivered.

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

Keeping children safe and protecting them from harm is a priority. The home has cared for children with very complex needs and risk-taking behaviour during this inspection period. Compatibility with other children is given due consideration and informs where the child is best placed within the home. Integration of children is carefully considered, to ensure that children are safeguarded while supporting peers to socialise with one another.

Shortfalls identified are mainly in relation to records rather than staff practice. For example, the quality of some children's risk documentation varies. Not all records are up to date, accurate or sufficiently detailed. This has had limited impact for children as the staff know the children well and understand their key risks and how to support them.

However, there was an incident that had the potential to be very serious, when a child was able to remove a racket from the gym. Records relating to the investigation were not sufficiently detailed, nor was there an incident report. CCTV had been reviewed and action was taken to address staff practice. The registered manager is ensuring that in future there are comprehensive records and that the learning identified is shared.

The quality and frequency of key-working sessions varies. Daily records refer to staff and professionals working with children to help them reflect following incidents, and/or about specific behaviours. However, this work is not always captured in children's individual records. This does not enhance staff understanding of the reasons for incidents or the progress of children.

Staff use consequences to try and discourage negative behaviours. Currently, managers are not always recording when they complete their review of the consequence, therefore they do not know if timescales for reviews are being met. In addition, the review of the use of consequences requires more detail in order to assess their effectiveness.

Searches of children and their rooms are undertaken when there is risk to the child or others. However, the rationale for such searches is not always clearly recorded and some records lack detail regarding what items have been removed and why. Children's risk assessments do not always include the detail of, or reasons for, the frequency of searches.

Records and CCTV reviewed demonstrate that restraint practice is proportionate, and that it is used as a last resort. Staff are resilient and empathetic in their approach. Staff react quickly, as incidents are often opportunist and unpredictable. Managerial oversight and monitoring are evident, however, they have not always identified errors or gaps in records. For example, following some incidents, there was not a record of a debrief with the child.

Agency staff working at the home do not always have sufficiently detailed information about the needs of the child they are working with before they start work. This has been mitigated by care staff supporting and guiding agency staff in meeting the child's care needs.

There is a protocol in place to provide clear guidance on the use of physical interventions by agency staff and care staff. This is necessary due to different training methodologies used. This appears to be working well and has robust management oversight by the home managers, the agency manager and the training providers.

Measures such as single separation and managed away are carried out in accordance with regulations. However, some records lack sufficient information. A small number of records showed that staff had recorded a child being managed away when this was not the case.

Night monitoring arrangements ensure that the checks carried out on the children by staff reflect their risk levels. Thresholds for observations are agreed in accordance with the children's care plans. This keeps children safe at times when they can feel most vulnerable or worried.

Full and transparent investigations are undertaken following allegations or complaints in relation to staff practice. Managers liaise with the local authority designated officer (LADO) and other professionals as required. Procedures are followed in line with regulatory requirements. This means that informed decisions can be made to protect children. Agency staff are reminded as part of their induction of their responsibility to report any potential or actual safeguarding concerns.

Safer recruitment processes are in place for home staff, which means that staff are suitable to work with children. However, managers require more information to assure themselves of the safe recruitment of some agency staff. During the inspection, this was followed up. The registered manager was reassured by the agency and evidence was provided. The registered manager should ensure that systems are in place to make sure that this information is available and has been reviewed for all staff working in the home.

### **The effectiveness of leaders and managers: good**

The manager is registered and has relevant qualifications and experience. He has high standards, holds staff and partners to account and is aspirational for every child and every staff member.

The home is a child-centred, nurturing environment. Staff have been trained in trauma-informed therapeutic approaches. Staff are skilled at building relationships, and communicating with and supporting children with complex needs, risks and vulnerabilities. Staff have been positive about teamwork and the approach of leaders



and managers. They have demonstrated an understanding of the ethos and methodology used in the home to meet children's needs.

There is positive and proactive partnership working across care, health and education teams. The senior leadership team models effective integrated working across the centre.

Leaders ensure that staff receive essential training to support them to meet the specific needs of each child, for example, training in working with children with autism spectrum disorder and children with self-harming behaviours. They work with the team around the child to continuously assess each child's needs and progress. They identify any emerging needs and target interventions accordingly. Reflective practice meetings are held with education, health and social care leads. However, the number of these meetings has reduced as a result of managers and staff prioritising the safety and care of children.

All the teams worked particularly well together to care for a child who had quite specific and complex self-harmful behaviours. There was a sustained and high level of incidents for a period of time leading up to this inspection. Managers sought advice from specialist services and shared assessments in order to support the child's transition from the home. Staff demonstrated exceptional resilience and commitment in keeping this child safe.

Managers know the strengths within the team and promote and develop staff skills. They also know where there is a need to target training and performance management. The management team seeks advice appropriately from senior managers and the LADO.

Staff are regularly reminded of their professional responsibilities to raise safeguarding concerns, including the use of the whistle-blowing policy. Managers have ensured that staff receive training about handling allegations against adults who work with children.

A small number of complaints have been received. These have been reported to the relevant authorities and thoroughly investigated. There has not been any action taken in respect of staff as a result of complaints received since the last inspection.

There has been a review of all information about incidents. Managers apply any learning identified and implement performance management procedures where necessary. There have been challenges due to staffing pressures and managers have supported the team by regularly working on shifts. This has had some impact on monitoring the quality of care in the home. Shortfalls were identified in records sampled during this inspection and one incident has not been responded to as robustly as it should have been. There has been no impact to children directly, but there was the potential for risk of harm.

Leaders and managers in the home have worked with senior managers to develop effective recruitment strategies. There has been investment in the management

structure and in the terms and conditions of staff in order to attract and retain staff. However, recruitment of experienced and/or qualified and skilled staff remains a challenge.

There has been a need to use agency staff on a regular basis, to support one of the children's specific needs. Managers have worked hard with the agency managers to ensure consistent staffing, appropriate skill levels and effective induction to the home. Care staff support the agency staff. There is a plan to reduce the use of agency staff going forward. There is a need for managers to maintain robust oversight of these arrangements and adhere to safe recruitment procedures for agency staff. Agency staff are very positive about their experience of working in this home.

Managers have undertaken audits of supervision practice to ensure consistency and effectiveness. Supervision records sampled during the inspection were of mixed quality, but evidenced discussions about children's needs and staff welfare, and tracked training and development. One member of staff had a gap between receiving supervisions, but there was evidence that managers had been conscientious in trying to plan and undertake supervision with this member of staff. A team meeting reviewed included discussion about the responsibilities of all staff to plan for and participate in supervision.

Prioritising the care and safety of the children has had some impact on staff attendance at team meetings. The impact of this on staff was acknowledged at one team meeting and plans for development days were discussed. Managers ensure that information is shared across the team.

Professionals are positive about the care children receive at the home, the relationships children form and the progress children make.

# 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 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.<br/>(Regulation 12 (1) (2)(a)(i)(ii))</p> <p>This is specifically in relation to ensuring that risk assessments have up-to-date, accurate information, to support staff to manage risks. They will also be used to help children to understand how to keep themselves safe.</p> | 30 January 2023 |

## Recommendations

- The registered person should improve the quality of mathematics education, through appropriate training and sharing of good practice. ('Guide to the Children's Homes Regulations, including the quality standards', page 29, paragraph 5.18)
- The registered person should ensure that there is a full and accurate record of safer recruitment checks for agency staff who work in the home. ('Guide to the Children's Homes Regulations, including the quality standards' page 60, paragraph 13.1)
- The registered person should ensure that all children's care records are up to date, complete, signed and dated by the author of each entry. ('Guide to the Children's Homes Regulations, including the quality standards' page 61, paragraph 14.3)

## **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:** SC031490

**Provision sub-type:** Secure unit

**Registered provider:** East Sussex County Council

**Registered provider address:** County Hall, St Anne's Crescent, Lewes, East Sussex BN7 1UE

**Responsible individual:** Kathy Marriott

**Registered manager:** Scott Lipa

## Inspectors

Cathey Moriarty, Social Care Inspector

Debbie Holder, Social Care Inspector

Paul Scott, Social Care Inspector

Martin Ward, HMI Further Education and Skills

Catherine Raycraft, Health and Justice Inspector CQC

The Office for Standards in Education, Children's Services and Skills (Ofsted) regulates and inspects to achieve excellence in the care of children and young people, and in education and skills for learners of all ages. It regulates and inspects childcare and children's social care, and inspects the Children and Family Court Advisory and Support Service (Cafcass), schools, colleges, initial teacher training, further education and skills, adult and community learning, and education and training in prisons and other secure establishments. It assesses council children's services, and inspects services for looked after children, safeguarding and child protection.

If you would like a copy of this document in a different format, such as large print or Braille, please telephone 0300 123 1231, or email [enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk).

You may reuse this information (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit [www.nationalarchives.gov.uk/doc/open-government-licence](http://www.nationalarchives.gov.uk/doc/open-government-licence), write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk).

This publication is available at <http://reports.ofsted.gov.uk/>.

Interested in our work? You can subscribe to our monthly newsletter for more information and updates: <http://eepurl.com/iTrDn>.

Piccadilly Gate  
Store Street  
Manchester  
M1 2WD

T: 0300 123 1231  
Textphone: 0161 618 8524  
E: [enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk)  
W: [www.gov.uk/ofsted](http://www.gov.uk/ofsted)

© Crown copyright 2022