

# 1275569

Registered provider: The Mulberry Bush Organisation Ltd

Full inspection

Inspected under the social care common inspection framework

## Information about this children's home

According to the home's statement of purpose, the home provides an integrated combination of residential therapeutic care, treatment and education for children of primary-school age with severe social, emotional and mental health difficulties.

The home is made up of three separate houses, providing care for children for either 38 or 52 weeks a year. At the time of the inspection, 23 children were living at the home across the three houses.

The manager was registered with Ofsted on 18 June 2018.

The inspectors only inspected the social care provision at this school.

**Inspection dates:** 22 and 23 November, and 20 and 21 December 2022

<b>Overall experiences and progress of children and young people,</b> taking into account	<b>requires improvement to be good</b>
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How well children and young people are helped and protected	requires improvement to be good
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The effectiveness of leaders and managers	requires improvement to be good
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The 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:** 21 April 2021

**Overall judgement at last inspection:** outstanding

**Enforcement action since last inspection:** none

## Recent inspection history

Inspection date	Inspection type	Inspection judgement
21/04/2021	Full	Outstanding
05/11/2019	Full	Outstanding
23/10/2018	Full	Outstanding

## Inspection judgements

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

The home provides care for young children with complex needs. Staff regularly use physical interventions to support children who are not yet able to manage their behaviours safely.

Children report that they are regularly subject to physical restraint. Two children spoken to during the inspection reported their distress at witnessing physical restraints. Not all records demonstrate that managers have made sure that the use of physical restraint is proportionate and appropriate. This shortfall undermines the overall positive experiences and progress of the children seen at this inspection.

Children benefit from being cared for by staff whose practice is informed by the integrated therapeutic model. Residential staff support children to engage in education, and children make good progress from their starting points with regards to their social skills and emotional development.

Proactive steps are taken to involve children's families in care planning. All of the children's parents who spoke to inspectors were very complimentary about the way that managers and staff work collaboratively with them. Many of the children's parents described how children's behavioural incidents at home have reduced because the staff have helped them to learn other ways of coping and expressing their feelings.

On the whole, children's care and support plans accurately reflect their needs and most relevant risks. Managers and staff are responsive to children's complex needs and take effective action when children's plans need to change. In one example, a settling programme had been introduced for a child, resulting in a marked reduction in incidents at bedtime. However, incident records do not always evidence that the strategies identified to reduce the need for physical interventions have been employed.

The school nurse ensures that the healthcare needs of the children are assessed at regular intervals, and that they benefit from timely access to in-house and universal healthcare services.

Activities promote children's social and emotional development. Staff make good use of the on-site facilities to ensure that children can participate in activities that they find comforting and enjoyable. Staff also recognise the importance of ensuring that children have new experiences to expand their interests and learning. Staff make the most of opportunities to offer children community-based activities.

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

There have been incidents where children have made allegations against staff and complained of being hurt during physical interventions. In some instances, allegations and concerns are only acted on if children do not later retract the allegation when spoken to by staff. In one instance, this meant that there was a two-day delay in reporting a serious allegation. In another instance, the child was not spoken to about a concern that they raised until four days later. Although there is no evidence that children have suffered harm, the current system for managing allegations creates vulnerabilities for children as there may be delays in identifying the need for an urgent safety plan. There is also a risk that children may perceive that their concerns are not believed when they first raise them.

Records of physical restraint are not always clear about the reasons why the measure was necessary. Additionally, not all occurrences of physical restraint are followed by a debrief with staff or subject to evaluation to consider how to prevent recurrence. Positively, managers have developed a child-friendly way of capturing children's views when they have been involved in a physical restraint. This provides an opportunity for children to tell staff how the physical intervention made them feel. However, it is not always clear how children's views and experiences are being used to inform practice in relation to the use of physical interventions.

The systems for storing, administering and recording medication have been reviewed by an external medication company. As a result of the external audit and learning from previous medication errors, managers have introduced some new systems, which have reduced the risk of medication errors.

Incidents of children going missing are rare and there is a robust response from staff to ensure that children return safely when they do go missing. Inspectors saw examples of sensitive and thoughtful responses to children who may sometimes need space away from the group, which have resulted in a reduction in incidents.

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

There are some significant strengths in relation to positive outcomes for children, strong relationships between children and staff, and effective therapeutic assessments to inform practice in relation to many aspects of the children's needs. Despite this, some children are reporting concerns about the use of physical interventions, and managers have not taken effective action to address these concerns.

Managers' oversight of the recording of physical interventions and incidents does not demonstrate that there is sufficient scrutiny to ensure that all aspects of staff practice are sound and that the experiences of children are used to inform and improve practice.

Children have a range of opportunities to share their views and discuss any worries arising from group living, or any wider concerns. In addition, the children are able to

call independent advocates directly by phone. However, a shortfall was found in relation to concerns raised by a child. These were reported but not logged as a complaint. Consequently, there was no record or timescale of how the child's concerns were responded to, addressed and resolved.

Managers ensure that staff receive training that equips them to meet the specific needs of the children in their care. New staff attend ongoing reading and support groups as part of their induction. The good-quality induction and training programmes underpin a foundation degree in therapeutic residential childcare, and ongoing professional development.

Managers ensure that diversity is celebrated. Staff are strong role models for the children, and there is a culture of respect and acceptance. Following reports of children using racist language, managers have taken proactive steps to make sure that children understand that discriminatory behaviour is not acceptable.

The registered manager and staff work positively with external agencies and the children's families. The registered manager is confident in challenging other professionals to ensure that children receive the services and support that they need.

## 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 that staff—</p> <p>understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person; and</p> <p>take effective action whenever there is a serious concern about a child's welfare. (Regulation 12 (1) (2)(a)(vi))</p> <p>Specifically, inform external safeguarding professionals without delay in the event of an allegation of abuse about a person working in the home.</p>	31 January 2023
<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>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)(f)(h))</p>	31 January 2023

<p>In particular, the registered manager should ensure that incidents where physical intervention is used are reviewed to ensure that they are necessary and proportionate, and that children's views are used to inform practice.</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>the name of the child;</p> <p>details of the child's behaviour leading to the use of the measure;</p> <p>the date, time and location of the use of the measure;</p> <p>a description of the measure and its duration;</p> <p>details of any methods used or steps taken to avoid the need to use the measure;</p> <p>the name of the person who used the measure ("the user"), and of any other person present when the measure was used;</p> <p>the effectiveness and any consequences of the use of the measure; and</p> <p>a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure;</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.</p> <p>(Regulation 35 (3)(a)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(b)(i)(ii)(c))</p>	<p>31 January 2023</p>

The registered person must ensure that a record is made of any complaint, the action taken in response, and the outcome of any investigation. (Regulation 39 (3))

31 January 2023

## 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:** 1275569

**Provision sub-type:** Children's home

**Registered provider:** The Mulberry Bush Organisation Ltd

**Responsible individual:** Lee Wright

**Registered manager:** Claire McCarthy

## Inspectors

Anne-Marie Davies, Social Care Inspector  
Hannah Cox, Social Care Inspector  
Tom Anthony, His Majesty's Social Care Inspector  
Lee Kirwin, Regulatory Inspection Manager  
Helen Simmons, Social Care Inspector

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