

1259178

Registered provider: Solid Global Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is run by a privately owned limited company. It offers care for up to two children. The home provides specialist therapeutic care for children who have mental health needs.

There has not been a registered manager at the home for over a year. A manager was appointed in August 2022 but subsequently withdrew their application. A new manager started on 2 May 2023 but has yet to submit their application to register with Ofsted.

Inspection dates: 13 and 14 June 2023

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/or widespread failures that mean children and young people are not protected or their welfare is not promoted or safeguarded.

Date of last inspection: 10 January 2023

Overall judgement at last inspection: requires improvement to be good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
10/01/2023	Full	Requires improvement to be good
20/09/2022	Full	Inadequate
01/06/2021	Full	Good
28/09/2018	Interim	Not judged

Inspection judgements

Overall experiences and progress of children and young people: inadequate

One child continues to live at the home. During this inspection, the inspector was unable to see or speak to the child because they were away from the home and not available. Information was sourced from speaking to the child's family and the child's social worker, as well as staff and managers working at the home.

Shortfalls in leadership and management and help and protection contribute to the inadequate judgement.

Staff administer medication in accordance with the child's prescription. Some medication is also prescribed to be taken as and when needed. Guidance given to staff is not clearly set out as to when they should administer this, for example in respect of how the child is presenting.

The prescriber of one medication is the responsible individual and director of the service, who is also a consultant psychiatrist. There is agreement with the child's placing authority for this arrangement. The plan is that he discusses any medication he prescribes with fellow medical professionals so there is independent oversight and mitigation to a potential conflict of interest. Although the responsible individual told the inspector that he does this, there was no evidence of this contained within the child's case record.

Managers and staff have not regularly updated the child's plans with new information. For example, there is no information about the child's diagnoses, how they impact on the child or how staff can support them. In addition, staff have not developed clear plans as to how they will help the child to develop independence. As a result, the child may not have progressed as well as they could have if clear plans were in place.

Despite the shortfalls identified during this inspection, the child has made some progress.

A consistent staff team has provided greater stability for the child. This has helped staff to begin to form positive relationships with the child. They are better at pre-empting the child's moods and behaviours. As a result, staff have, at times, been able to defuse situations that would have previously escalated.

There has been a period in which the child has not self-harmed or needed hospital admissions. Given the child's starting points, this is encouraging. A recent spike in incidents has led to increased staffing levels to support the child through this crisis.

Managers have supported the child to discuss their concerns with an independent person when they do not want to share these concerns with staff. For example, the

child will call ChildLine, their social worker and Samaritans. This means the child can seek support from others than those who care for them.

The child is helped by staff to access the wider community. They go shopping, to the cinema, to an animal sanctuary, trampolining and swimming. As a result, the child has some fun times and enjoys some things as other children do.

Staff help the child to maintain a positive relationship with their family. Staff will take the child to the family home so that they can spend quality time with family members. Staff also support visits at the home from the child's siblings. On occasion, this includes overnight stays at the children's home. This good support helps to maintain relationships and helps the child feel part of the family.

The child is receiving education from a tutor. The tutor provides 15 hours per week for the child to undertake studies in mathematics and English. When not receiving formal education, the child visits a local horse riding stable, where they volunteer and have riding lessons. This gives more structure and routine to the child's day along with some academic learning.

The social worker reports that the child has a good team around them and that this has been the most settled period they have had since moving to the home, with a reduction in high-risk behaviours. Furthermore, there has been greater engagement by the child with educational activities. This has resulted in the child receiving awards from the placing authority for progress and engagement.

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

High levels of staffing contribute to the reduction in self-harm incidents. However, the child is able to find and hide objects, such as glass to self-harm with and non-edible items to swallow. Managers do not review these incidents effectively to understand more about how the child acquires these objects and to consider strategies to further mitigate and reduce what are high levels of risk.

Despite risk management plans setting out that staff need to undertake regular checks on the home environment to help manage risk, it is not clear that staff are doing this consistently. For example, daily checks did not pick up that medication prescribed for the child's pet rabbit had been left in the child's bedroom by staff. The child subsequently consumed the medication. Although no harm came to the child, this could have posed a significant risk to their health.

Written plans set out that staff must monitor the child closely. However, staff do not consistently record how they monitor and when they carry out these checks, for example when the child is in their bedroom. As a result, there is no audit trail to be able to identify that staff are always carrying out their responsibilities well and in line with the child's plans to promote the child's safety and welfare. Consequently, if the child was to self-harm, there may be a delay in staff knowing and providing medical assistance.

The number of missing from home incidents is relatively few in comparison to the frequency of such incidents before the child moved into the home. This is significant progress for this child. When the child does go missing from home, staff follow protocols, actively search the area, work well with the police and engage well with the child's family to ensure that everything is done to locate the child and return them safely to the home as quickly as possible.

On two occasions, the child alleges that she has come to serious harm while missing from home. The allegations are currently being investigated. It is unclear what is happening in respect of these as, to date, there has been no strategy meeting undertaken by the placing authority. The manager has not escalated this with the child's placing authority. As a result, risks have not been fully assessed or plans put in place to safeguard the child if they were to go missing again.

Return home interviews are not undertaken to give the child someone independent of the home to talk to about the missing-from-home incident and what happened while they were away from the home. This shortfall is not escalated by managers with the child's placing authority.

Staff do not record all incidents that involve the use of restraint. Consequently, there is no management oversight of the appropriateness of restraint practice or an opportunity for the child and staff to discuss any concerns with someone who is not involved in the incident.

Staff have not updated the child's behaviour plans or risk assessments with new risks. In addition, the responsible individual and manager have not ensured that information regarding restrictions placed on a child due to a deprivation of liberty order are clear to staff. This means staff do not have all the information they need to understand risks to the child, how to manage these and when to apply the restrictions placed on the child's liberty.

Leaders have not shown how they have followed safer recruitment practice. Although the registered person told the inspector that they had verified the reference for a new member of staff, there was no record of this on a staff member's file. As a result, it is not clear how the registered person has explored the issues contained within the reference and how they have satisfied themselves about the suitability of the employee to undertake their role before starting it.

The effectiveness of leaders and managers: inadequate

The home has been without a registered manager for over a year. A new manager has been in post since May 2023. The new manager is experienced and holds the level 5 qualification in leadership and management in the residential care of children. Inconsistencies and ineffective management arrangements over time have limited the overall improvements in the running of the home, safeguarding arrangements and the quality of care provided to the child.

Oversight by managers, including the responsible individual, has been inconsistent and, at times, ineffective. For example, managers are not reviewing self-harm incidents that happen to understand where the child has obtained items from, to try and reduce the chances of such incidents happening again. Managers have not identified that restraint incidents are not being recorded appropriately and reviewed. In addition, there is a lack of guidance with regard to the use and oversight of 'as and when' medication. Given the high levels of risk the child is presenting, these shortfalls have the potential to compromise their safety and welfare.

Staff have access to and complete a range of training courses to help them understand and meet the needs of the child. One member of staff and the manager are qualified to level 3 or equivalent. While most are enrolled on the course, some are out of timescales. However, their progress is not reviewed by managers to mitigate the risk of any further delay. A lack of qualified staff reflects the relative inexperience of the staff team in children's residential care. Given that the home sets out to provide good and safe care to children with mental health difficulties, this is an area of vulnerability.

The manager has been in post for six weeks. While he comes with experience, he has yet to complete the home's training programme. He has begun to form a positive relationship with the child, the placing authority and parents. The child's parent said that they have a great relationship with the manager.

Managers have not made sure that staff have had supervision frequently and in line with the organisation's policy. As a result, staff have not had the opportunity to reflect on their practice or discuss concerns as regularly as they should have.

The manager has updated the home's statement of purpose. However, they omitted to send it to the regulator. As a result, the regulator does not have the most up-to-date information about the home.

As a result of this inspection, a compliance notice has been raised in relation to regulation 12, the protection of children standard.

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, The 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;</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>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. (Regulation 12 (1) (2)(a)(i)(ii)(iii)(v)(b))</p> <p>Specifically, ensure that all incidents are recorded, including incidents of physical intervention. Staff should know the frequency of checks on the child, and those checks should be recorded. Checks should be undertaken on the home to ensure that items that could cause harm are not present. Staff should improve their oversight and vigilance so that opportunities for the child to swallow items that may harm them is reduced. Plans should include all risks to or from the child, along with action staff need to take to reduce or manage those risks. That managers should escalate concerns</p>	<p>16 July 2023</p>

<p>of the lack of strategy meetings when the placing authority has not arranged them within the appropriate time frame.</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)(h))</p> <p>This specifically relates to the registered person and responsible individual ensuring that they carry out regular and effective monitoring and review of significant incidents, including physical intervention. They should carry out supervision with staff. In addition, they should consider any learning to inform future practice.</p> <p>This requirement was made at the last inspection and is restated.</p>	<p>31 August 2023</p>
<p>The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children’s home.</p> <p>In particular the registered person must ensure that—</p> <p>medicine which is prescribed for a child is administered as prescribed to the child for whom it is prescribed and to no other child; and</p> <p>a record is kept of the administration of medicine to each child. (Regulation 23 (1) (2)(b)(c))</p> <p>Specifically, ensure that staff have written guidance to inform them on when to give medication prescribed to the child to take as and when needed. Staff should record when and why this medication is used. In addition, ensure that there is evidence of independent oversight and review of the medication prescribed by the responsible individual, who is also a consultant psychiatrist.</p>	<p>16 July 2023</p>

<p>A responsible individual must—</p> <p>have the capacity, experience and skills to supervise the management of the home, or the homes, in respect of which the responsible individual is nominated. (Regulation 26 (7)(b))</p>	<p>31 August 2023</p>
<p>The registered person must recruit staff using recruitment procedures that are designed to ensure children’s safety.</p> <p>The registered person may only—</p> <p>employ an individual to work at the children’s home; or</p> <p>if an individual is employed by a person other than the registered person to work at the home in a position in which the individual may have regular contact with children, allow that individual to work at the home,</p> <p>if the individual satisfies the requirements in paragraph (3).</p> <p>The requirements are that—</p> <p>the individual is of integrity and good character;</p> <p>the individual has the appropriate experience, qualification and skills for the work that the individual is to perform;</p> <p>the individual is mentally and physically fit for the purposes of the work that the individual is to perform; and</p> <p>full and satisfactory information is available in relation to the individual in respect of each of the matters in Schedule 2. (Regulation 32 (1) (2)(a)(b) (3)(a)(b)(c)(d))</p> <p>Specifically, ensure that references that may raise concerns about an employee’s previous work history are fully explored with the referee and recorded and, where necessary, that an assessment of risk is undertaken.</p> <p>This requirement was made at the last inspection and is restated.</p>	<p>16 July 2023</p>
<p>The registered person must recruit staff using recruitment procedures that are designed to ensure children’s safety.</p> <p>The registered person may only—</p>	<p>18 September 2023</p>

employ an individual to work at the children’s home; or

if an individual is employed by a person other than the registered person to work at the home in a position in which the individual may have regular contact with children, allow that individual to work at the home,

if the individual satisfies the requirements in paragraph (3).

The requirements are that—

the individual has the appropriate experience, qualification and skills for the work that the individual is to perform.

For the purposes of paragraph (3)(b), an individual who works in the home in a care role has the appropriate qualification if, by the relevant date, the individual has attained—

the Level 3 Diploma for Residential Childcare (England) (“the Level 3 Diploma”); or

a qualification which the registered person considers to be equivalent to the Level 3 Diploma.

The relevant date is—

in the case of an individual who starts working in a care role in a home after 1st April 2014, the date which falls 2 years after the date on which the individual started working in a care role in a home; or

in the case of an individual who was working in a care role in a home on 1st April 2014, 1st April 2016.

The registered person may defer the relevant date if the individual—

does not work, or has not worked, in a care role in a home for a prolonged period; or

works, or has worked, in a care role in a home on a part-time basis.

(Regulation 32 (1) (2)(a)(b) (3)(b) (4)(a)(b) (5)(a)(b)(6)(a)(b))

Specifically, ensure that staff’s progress towards achieving the appropriate qualification is monitored so that they can

<p>complete it within the relevant timescales or, when this has been exceeded, as soon as is practicable.</p> <p>This requirement was made at the last inspection and is restated.</p>	
<p>The registered manager must undertake such continuing professional development as is necessary to ensure that the registered manager has the skills needed for managing the home. (Regulation 29 (4))</p> <p>Specifically, ensure that the manager has undertaken training in the following: behaviour management, ligature risks, deprivation of liberty, internet safety, attention deficit hyperactivity disorder and fire warden training.</p>	16 July 2023
<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>This requirement was made at the last inspection and is restated.</p>	31 August 2023
<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>understand and apply the home’s statement of purpose;</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>	16 July 2023

help each child to understand and manage the impact of any experience of abuse or neglect;

help each child to develop resilience and skills that prepare the child to return home, to live in a new placement or to live independently as an adult.

(Regulation 6 (1)(a)(b) (2)(a)(b)(i)(ii)(iv)(vi))

This specifically relates to the home's placement plan, and that it is updated with current information, such as children's diagnoses, how they impact on them and how staff support them. It should also include any routines or specific ways of working to support the child. Finally, ensure that there are plans to show how staff are to work to support the child's progress.

* These requirements are subject to a compliance notice.

Recommendation

- The registered person should ensure that the statement of purpose is kept under review and, when reviewed, sent to the regulator within 28 days of the revision (regulation 16 and schedule 1). ('Guide to the Children's Homes Regulations, including the quality standards', page 14, paragraph 3.5)

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: 1259178

Provision sub-type: Children's home

Registered provider: Solid Global Limited

Registered provider address: 8, Astor House, 282 Lichfield Road, Sutton Coldfield, West Midlands B74 2UG

Responsible individual: Octovus Muchemenye

Registered manager: Post vacant

Inspector

Debbie Bond, Social Care Inspector

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