

SC062079

Registered provider: The Children's Trust

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This service provides residential care for children who have an acquired brain injury, multiple disabilities and complex health needs. The service is registered as a children's home to accommodate up to 66 children across several separate houses. The types of residential care provided include long-stay care as well as short-break services. The home also provides rehabilitation services for children who have recently been diagnosed with an acquired brain injury. There is a non-maintained school on site, registered with the Department for Education (DfE), which some of the children attend. The home is also registered with the Care Quality Commission (CQC) because it provides nursing care. There were 49 children staying in the home at the time of this inspection.

The manager was registered by Ofsted on 1 May 2020.

Only the social care provision was inspected at this inspection.

Inspection dates: 19 to 21 September 2023

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

How well children and young people are helped and protected good

The effectiveness of leaders and managers good

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

Date of last inspection: 18 May 2022

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
18/05/2022	Full	Good
24/08/2021	Full	Good
21/01/2020	Full	Outstanding
12/12/2018	Full	Outstanding

Inspection judgements

Overall experiences and progress of children and young people: good

Children make good progress in key areas that help to enhance their quality of life. They are supported to access a range of health professionals, who ensure that they have the resources and help that children need.

Some children stay for relatively short periods for rehabilitation. Their parents stay with them and provide day-to-day care. Many of these children make rapid progress. For example, some children who needed gastrostomy feeds can now eat orally. Other children are learning to sit up, use walkers and are becoming more independently mobile.

Other children stay in longer-term placements in the houses. There is a sharp focus on improving children's quality of life in addition to improving their health outcomes. Staff advocate strongly to get the very best care for children. For example, one child is being supported to trial a newly developed ventilator with the intention of improving her health and quality of life.

Parents are extremely pleased with the care that their children get and the progress that they make. They report that communication is good and that they feel welcomed into the homes and can spend quality time with their children.

Staff are thoughtful and thorough when planning for children to come into or move out of the home. They work in partnership with health services to ensure that staff understand children's needs. Parents receive good information as part of the admissions process and get excellent support to understand and meet their children's health needs. Staff are creative when helping to prepare children to move on. In one example, for a child who is travelling abroad to live with his parents, staff are seeking a mock aeroplane cabin so that they can prepare him for the flight.

Positive relationships with staff and access to services and resources enable children to make significant progress in relation to their communication skills. In one example, a child who was previously unable to express their wishes is now able to use eye-gazing technology and make vocal sounds which staff understand. As a result, the child can have a say in the way that they are looked after and can be confident that their voice is being heard.

Children's emotional and mental health are supported using individualised plans, created in line with their needs and wishes. Examples include a child being carefully supported to understand how his head injury occurred, and a child being helped to write brain injury education advice which she can share with the teaching staff when she returns to school.

Parents report a consistent picture of high-quality support that helps them learn how to care for their children. This includes being trained in hoisting, personal care and

medications. They also cite good support from the wider health team to reduce medications when appropriate. Consequently, some children benefit from reduced side effects.

Social workers are consistent in their praise of the quality of care that children receive in the home. Social workers who visited during the inspection were impressed with the knowledge demonstrated by staff and house managers.

There are times when visual monitors are used for staff to observe some children, rather than being physically present. Staff are mindful of children's privacy when they use them, and they are only used for brief periods of time alongside other monitoring equipment. However, children's plans do not clearly describe the level of monitoring and supervision that children should receive. Additionally, the home's policy does not set out clear guidance for staff and parents about how visual monitors should be used to ensure children's safety and well-being.

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

There is a healthy culture of staff self-reporting medication errors and concerns. When concerns are reported, managers work effectively in partnership with relevant external agencies and take effective remedial action to reduce the chance of any errors being repeated.

There are good systems in place to keep oversight of a range of safeguarding issues, and weekly meetings of the safeguarding team look at any concerns. Regular reports on safeguarding matters are shared with the clinical leadership team and consider themes and patterns. Managers investigate when there are high numbers of incidents/concerns reported. They also investigate and test their reporting systems if there are unusually low levels of reporting.

Safer recruitment practices are understood and rigorously implemented. All necessary checks are in place to reduce the risk of unsuitable people working in any role across the site. Managers are creative and ensure that children can be involved in recruitment in a meaningful way. Suitability checks of volunteers are also completed to a high standard.

Children have access to specialist therapists on site. This ensures that children have individualised healthcare plans that are clear and informative. This contributes to helping children maintain good posture and reduces the risk of harm when moving and positioning children. Children and staff can receive prompt specialist support when needed.

There is good oversight of external health and safety checks, including fire safety. The staff carry out their own checks to ensure that the individual houses are safe environments for the vulnerable children that they care for.

The effectiveness of leaders and managers: good

The registered manager is supported by the responsible individual and the senior leadership of the school and health provision. She delegates the day-to-day running of the individual homes to home managers. These managers are competent, have a clear focus on the needs of the children and are suitably qualified and knowledgeable. They feel that the registered manager listens to them and provides good support when they need it.

The registered manager makes good strategic decisions and has recently introduced a system to ensure that a senior shift manager is on site and on call 24 hours a day, seven days a week. This provides an additional layer of support and scrutiny to ensure that staff are supported to maintain good standards of care for children.

There are several layers of management due to the size of the home, the complexity of the health needs of the children and the fact that care is provided across seven different homes on the site. These arrangements are effective. However, some staff commented that they felt that senior leaders, including the registered manager, were not sufficiently present in the home. This risks staff feeling that the registered manager does not fully understand the challenges and pressures that staff face at times of high demand.

Complaints are managed well. There are a relatively low number given the size of the provision. All complaints are sent to the clinical governance team for scrutiny. They are investigated and responded to appropriately.

Staff celebrate diversity and ensure that the needs of children and families from a range of different cultures are met. One parent commented that staff, without being asked, made adjustments to ensure that her husband was able to pray. Other parents commented that they feel welcome and that the home is very inclusive.

On the whole, staff morale is positive, and staff benefit from excellent training. This ensures that staff have the knowledge, skills and competencies to meet the needs of the children.

Staff have a range of forums where they can reflect and get support in terms of the emotional impact of their work. This includes one-to-one, group and peer supervisions.

Children are treated with dignity and respect, and their views are valued. 'Have your say' meetings take place regularly. They provide an opportunity for children to tell managers what changes they would like to be made to the way the home is run. Managers seek to make changes in response to children's feedback.

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 care planning standard is that children—</p> <p>receive effectively planned care in or through the children’s home.</p> <p>Regulation 14 (1)(a)</p> <p>In particular, individual care plans must be explicit in relation to the levels of staff supervision required to meet children’s needs. Where this includes the use of visual monitoring, this needs to be included in children’s individual plans. Ensure that these plans are accessible and understood by all staff.</p>	<p>27 November 2023</p>

Recommendations

- The registered person should ensure that the use of CCTV or other monitoring equipment should have a written policy describing how this will support the safeguarding and well-being of those living and working in the home in accordance with regulation 24. Homes must gain consent to any monitoring or surveillance by the placing authority in writing at the time of placement. The use of CCTV is regulated by the Protection of Freedoms Act 2012 and the Surveillance Camera Code of Conduct (Home Office 2013). (‘Guide to the Children’s Homes Regulations, including the quality standards’, page 16, paragraph 3.16)
- The registered person should be visible and accessible to staff and able to deliver their leadership and/or management responsibilities. Any registered manager employed in the home should have sufficient capacity to ensure that the Quality Standards are met for each child in the home. (‘Guide to the Children’s Homes Regulations, including the quality standards’, page 52, paragraph 10.7)

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: SC062079

Provision sub-type: Residential special school

Registered provider: The Children's Trust

Responsible individual: Claire Champion

Registered manager: Claire Shiels

Inspectors

Lee Kirwin, Social Care Inspector
Mark Dawkins, Social Care Inspector
Helen Simmons, Social Care Inspector

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