

SC035409

Registered provider: Northumberland 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 accommodate up to 15 children aged between 10 and 17 years. It has three designated living areas: Alder, Willow and Hadrian. There were nine children living in the home at the time of this inspection.

The home provides care for children accommodated under section 25 of the Children Act 1989 who are placed by local authorities.

The 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 registered with Ofsted on 30 January 2012.

Inspection dates: 28 to 30 November 2023

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

Children's education and learning **requires improvement to be good**

Children's health **outstanding**

How well children and young people are helped and protected **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: 1 November 2022

Overall judgement at last inspection: outstanding

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
01/11/2022	Full	Outstanding
01/03/2022	Full	Good
21/09/2021	Interim	Sustained effectiveness
26/11/2019	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: good

Children enjoy very positive relationships with staff. These trusting and supportive relationships help to ensure that children make good progress. One social worker said, 'Staff have worked so hard to build relationships with and support [name of child]. The difficult conversations that they are able to have with him make it easier for me to speak about these issues with him too.'

When a child moves into the home, all staff work together across their professional disciplines to identify and understand a child's individual needs. This effective collaboration informs the children's individualised care and support plans that reflect their experiences and circumstances. Regular formulation and multi-agency team around the child meetings (MATAC) are used to continually monitor and review children's progress effectively. This enables children to recognise their own successes and achievements.

Children really benefit from regular one-to-one time with their key workers to complete work identified in their care plans. These sessions are, for the most part, of good quality. They give children time for reflection and to develop strategies and skills to use when they move on from the home. However, on a few occasions, these sessions have been completed during education time. This reduces the child's opportunities to pursue their academic learning.

Children's meetings take place regularly, and children's views and requests are considered in a timely manner in staff meetings. This shows that children have a say in how their home is run and that their wishes and feelings are considered and acted on. The records of the meetings sometimes use terminology that is not child-centred, and when children do not attend these meetings, there are no alternative arrangements in place to seek their views.

Planning for children to move on from the home is of good quality; it involves the children and starts from the moment they arrive at the home. Children benefit from spending time in the community when it is assessed as safe and appropriate to do so. This greatly helps children prepare for their next move.

Children are very well supported to maintain and, in some cases, rebuild relationships with their families and other important people in their lives. This is a real strength of the home. This involves children being able to spend unsupervised time with their friends and family when it is safe to do so.

Children live in a very pleasant and welcoming environment. Their artwork is on display inside the home and in external areas. Children have access to a wide range of positive activities, for example cooking and music, which introduce them to new interests or build on existing ones. The gym and outdoor spaces give lots of opportunities for children to be physically active and have fun.

Children's education and learning: requires improvement to be good

School leaders have designed a broad curriculum to meet the needs and interests of the children. They review and adapt the curriculum to meet the needs of new arrivals. Classrooms and workshops are equipped with high-quality facilities and resources that support children's learning. However, issues around staffing have limited the quality and breadth of education that children currently receive.

School leaders have designed an appropriate strategy to help children develop their reading skills. They identify children's reading ages on their arrival at the home and use appropriate methods, such as phonics, to help children understand how to interpret words. Leaders have chosen relevant texts that incorporate wider discussion topics such as healthy relationships, disabilities, sexuality, bereavement and loss. However, leaders do not monitor the effectiveness of this curriculum regularly enough. In a few instances, reading lessons are not effective in developing children's reading skills.

Leaders assess children's starting points accurately on arrival at the home. They use this information to help children settle into the home and to develop positive relationships with most staff. As a result, children who have not been in education for a considerable time attend their lessons regularly. However, teaching staff do not always consider the information they receive about children's starting points carefully enough to plan learning. They are not always adept at dealing with the broad range of abilities of children in their lessons. Consequently, children do not always make the rapid and sustained progress from their starting points of which they are capable.

In too many instances, teaching staff do not structure their lessons well enough to allow for children's behavioural challenges. They do not understand how to engage children in learning and to plan stimulating activities that maintain children's interests. Teaching staff often allow children to dictate what they will and will not do. This leads to lessons being disjointed and lacking in focus. However, in a few subjects, such as in English and information and communication technology, children benefit from an individualised curriculum that meets their needs and helps them to make progress in line with their abilities.

Feedback from teaching staff is often overly positive. Written feedback is 'excellent work' or 'well done' when the work is of a poor standard or has been copied from an article or other resource. In a few instances, teachers try to encourage children to engage in learning by providing work that is too easy. This results in children developing negative views of school and disengaging from learning. In a few subjects, such as English, feedback shows children clearly what they have done well and how they can improve their work.

Teachers are suitably qualified to teach their specialist subjects. Leaders ensure that staff benefit from a range of relevant development activities to improve their understanding of children's challenges, such as developmental language disorder and neurodiversity diagnoses. However, there are limited opportunities for staff to develop

and improve their teaching practices. Higher-level teaching assistants have only recently commenced working towards an appropriate qualification for their roles.

Leaders and managers work closely with residential and health staff to provide a collaborative approach to supporting children in their care. They attend regular meetings together and share information appropriately. However, not all teaching and residential staff have high enough expectations of what children can achieve. They do not always set sufficient boundaries that provide children with a consistent approach to managing behaviour and self-regulation.

Children receive appropriate careers education, information and advice on arrival and throughout their stay at the home. Careers interviews help children to understand the options available to them in their next steps and their futures. For example, children want to use their artistic skills to become tattoo artists or to explore engineering and construction careers in the rail industry. Leaders include activities as part of the curriculum to support children's aspirations.

Leaders, managers and governors do not have sufficient oversight of the quality of education. Their self-evaluation process requires further development to be effective in accurately identifying the strengths and weaknesses of the quality of education. Leaders do not monitor the progress that children make carefully enough. They base their judgements on comparisons to similar settings. This is not an accurate evaluation of children's progress from their starting points.

Children's health: outstanding

Children benefit greatly from health professionals who have the skills to meet their needs. This includes training specific to the setting type, such as the Secure Stairs framework, and health promotion topics such as anti-bullying. Healthcare staff take account of feedback from colleagues to make sure that training is as accessible, effective and impactful as it can be. For example, the learning is used to improve children's lives through speech and language therapy drop-in sessions.

There is excellent consultation with children about their health needs. For example, children are involved in their health assessments, and their views are recorded in the comprehensive health assessment tool. In some formal programmes, such as emotional literacy, children rate themselves at the start and end. This helps them to understand the knowledge they have gained and the progress they have made. This then threads through to the formulation meetings, including the MATAC meetings. This child-centred approach greatly supports children to move on from the home and the planning for their next steps.

Health staff are very well supported in their role, and there are strong governance arrangements that enable the health service to continually evolve and develop. The health team are very creative, adaptable and flexible in their approach to working with children. For example, they work alongside support workers to deliver health interventions that maximise the opportunities to engage with children. This and wider

health interventions lead to children's health greatly improving and/or their healthy lifestyles being maintained.

All health staff describe the health team as an inclusive, collaborative and multi-agency team that works together to support child-centred care for children. They are able to challenge one another, which leads to continual review and improvement in how they deliver services to children. They share training and expertise among the wider staff groups. This ensures that children have access to the right staff with the right skills to meet their needs and, importantly, that children receive an excellent health service that improves their well-being.

Children benefit enormously from a 'Tell it Once' approach to encourage them to speak up about their health needs. This is well embedded in practice. Staff use previous health care assessments to inform new health assessments. This includes looked after children's reviews and means that plans use all available information and take account of recent approaches, progress and outcomes. Therefore, children do not need to recall and repeat their health information.

Children are assessed by health staff, following episodes of physical intervention. The assessments take account of the importance of a timely health assessment for the child when this is indicated.

Staff strongly advocate for children by tenaciously following up pre-existing referrals, for example for assessments of special educational needs such as neurodevelopmental pathways. This ensures that children receive the help they need when they need it and leads to very positive health outcomes.

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

Managers and staff prioritise children's safety. They have a comprehensive understanding of each child's needs, the risks to their safety and their vulnerabilities. Managers and staff recognise how children's experiences and past traumas may impact on their behaviour, and this informs the well-documented admission risk assessments.

Managers are able to reflect on the impact of the influx of discharges and admissions to the home in August 2023 and how this affected the stability of the group. Dynamic risk assessments informed decision-making to ensure that children's opportunities and experiences were not disrupted.

Children benefit from care practices that keep them safe. The use of single separation, where children are locked into an area alone, is used proportionately and appropriately. This practice is recorded well and reviewed at appropriate intervals by the manager. Children understand why they are subject to this measure of control, and this is either following a physical restraint or as part of de-escalation that has replaced the need to physically restrain the child.

When children are managed away from the group, when children are locked into an area but with staff always present, they respond well to staff helping them look at and reflect on their behaviour. These sessions focus on the here and now and why the child was angry and behaved in such a way. This ensures that children are integrated back into the group as early as possible. In turn, these assist and enable children to make changes and better decisions going forward.

The use of physical restraint is low. Managers, along with independent external review, pay very close attention to and scrutinise all incidents in detail. They assist staff to learn from every intervention about what would work better and improve what they do. They importantly listen to children and incorporate their views, wishes and feelings into plans that staff deliver. This reduces the incidence of physical restraint and helps to keep children safe. When rare concerns about practice are identified, immediate action is taken, and where appropriate, a referral to the Local Authority Designated Officer is made for further independent scrutiny.

Allegations and concerns relating to staff conduct are investigated in line with policy and procedures. Children's allegations and concerns are taken seriously, and concerns raised by others are equally given priority. Consultation and advice are sought from the local authority designated officer and human resource colleagues when necessary to ensure that action is prompt and appropriate.

There has been one occasion when a child has gone missing from the home. This was during a planned health appointment. Staff followed the missing-from-care procedure, which included a search of the surrounding area. This was followed up with multi-agency strategy meetings with all relevant professionals and relatives. Following this incident, lessons have been learned that will reduce potential opportunities for a repeat occurrence.

The effectiveness of leaders and managers: good

Children benefit from a child-centred approach to meeting their needs. Leaders and managers are committed and lead by example, setting high and clear expectations for staff to follow and reinforcing the positive ethos supporting children's progress.

The registered manager and senior leadership team know the children extremely well. They understand children's past experiences, their current care needs and their presenting risks and vulnerabilities. Consequently, they understand barriers to children's progress and quickly amend practice to continually support children.

Social care and health care leaders implement thorough monitoring systems that ensure that children receive consistently good care. Nevertheless, shortfalls identified in education have not been detected through monitoring systems, which means the quality of education for children is not good enough.

Staff receive good-quality, wide-ranging training and guidance to help them meet children's diverse and often complex needs. This includes training courses and sessions

about attention deficit hyperactivity disorder, gang affiliation, equality and culture and diversity.

Managers continue to look to improve the care and experiences for children. Staff are well supported and benefit from formal supervision that routinely considers their practice, development, training and well-being. This greatly assists staff in continuing to improve their knowledge, skills and abilities to care for the children. Maintaining good staffing levels provides children with the right support, supervision and care, which also contributes to keeping them safe.

Communication systems are thorough and inclusive of the whole staff team. For example, detailed handovers and staff meetings include all care, health and education staff. This detailed level of communication ensures that staff are well informed, and in turn, they deliver consistently good-quality care.

The planning for children to move on from the home is sometimes affected by placing authorities not identifying suitable move-on placements. When this happens, there are established processes in place to escalate concerns. Managers and staff strongly advocate for individual children about the importance of knowing where they will live in the future and highlight how these uncertainties impact on children. The processes in place ensure children's rights and entitlements are upheld.

What does the children's home need to do to improve?

Statutory requirements

This section sets out the actions that the registered persons 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 persons must comply within the given timescales.

Requirement	Due date
<p>The education standard is that children make measurable progress towards achieving their educational potential and are helped to do so.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that staff—</p> <p>help each child to achieve the child's education and training targets, as recorded in the child's relevant plans; and</p> <p>support each child's learning and development, including helping the child to develop independent study skills and, where appropriate, helping the child to complete independent study. (Regulation 8 (1) (2)(a)(i)(ii))</p> <p>In particular, the registered person must ensure that all staff have high expectations of what children can achieve and that teachers set appropriately challenging targets based on children's starting points, which help children to make the progress they should over time;</p> <p>ensure that all staff set appropriate and consistent expectations for behaviour and conduct to promote calm and positive learning environments that help children to learn, including when children learn in their residential units; and</p> <p>review quality assurance and quality improvement processes to ensure that they have an accurate oversight of the quality of education and the progress that children make.</p>	28 May 2024

Recommendations

- The registered person should ensure that staff are familiar with the home's policies on record-keeping and understand the importance of careful, objective and clear recording. In particular, children's meetings should be recorded in a way that is helpful to children and helps them to feel valued. ('Guide to the Children's Home Regulations, including the quality standards,' page 62, paragraph 14.4)
- The registered person should ensure that children are in full-time education while they are of compulsory school age unless their personal education plan contained within the care plan or other relevant plan states otherwise. In particular, link-work sessions should be completed outside of school hours. ('Guide to the Children's Home Regulations, including the quality standards,' page 28, paragraph 5.14)
- The registered person should actively seek and make best use of information from internal monitoring to ensure continuous improvement. In particular, have regard for the progress that children are making in education and their experiences. ('Guide to the Children's Home Regulations, including the quality standards,' page 55, paragraph 10.24)

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: SC035409

Provision sub-type: Secure Unit

Registered provider: Northumberland County Council

Registered provider address: County Hall, Morpeth, Northumberland NE61 2EF

Responsible individual: Adam Hall

Registered manager: Julie Tinkler

Inspectors

Debbie Foster, Social Care Inspector (lead)

Cath Sikakana, Social Care Inspector

Dawn Parton, Social Care Inspector

Suzanne Wainwright, His Majesty's Inspector, Further Education and Skills

Lucy Harte, Children's Services Inspector, Care Quality Commission

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