

1256452

Registered provider: SureCare Residential Ltd

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is privately operated and provides support, education and care for up to five children who may have experienced neglect, abuse or trauma that has left them vulnerable.

The manager registered with Ofsted in June 2020.

Inspection dates: 29 and 30 January 2024

Overall experiences and progress of children and young people, taking into account	requires improvement to be good
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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: 5 December 2022

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
05/12/2022	Full	Good
23/08/2021	Full	Good
05/09/2019	Full	Requires improvement to be good
14/08/2018	Full	Good

Inspection judgements

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

Since the last inspection, four children have moved into the home and three children have moved out. At the time of the inspection, five children were living at the home.

During the inspection, some staff acted towards children in a manner that lacked nurture. One staff member was distracted when a very young child was bouncing on a trampoline. Another staff member responded to a child in a way that lacked warmth. This means staff are not always sufficiently emotionally connected with children.

On one occasion, a staff member failed to respond appropriately to a child. The staff member was in the lounge with the child, using a laptop. When the child was seeking attention from the adult, the staff member told the child that they 'have work to do' and that if the child did not give them space, they would have to leave. This led to the child becoming upset and they were later restrained. This is not a therapeutic response to a child and demonstrates that some staff do not always have the self-awareness to recognise how their behaviour can affect children.

Children's educational progress and engagement are mixed. Two children have made progress and attend school full time. However, two other children are only in school part time and one child has no school place. Staff do not have structured plans that engage the children creatively in nourishing or enriching informal learning opportunities. This limits children's progress in their learning.

The home is not sufficiently well maintained. Carpets in some children's bedrooms are stained. One child has a stained weighted blanket on their bed. Bathroom floors are unclean and laundry is not organised. The staff offices look disorganised, with cigarette filter tips and empty medication blister packs on the floor. This lack of care and attention does not provide a therapeutic environment for children to live and thrive in. The state of the environment also gives an inconsistent message to children, who are told to keep the home clean and who face consequences if they do not comply.

There is confusion among the manager, therapy team and staff about the neurodiversity and associated needs of one child. There is a lack of clarity regarding the child's diagnosis. Furthermore, the neurodiversity of children and how this presents for them individually is not made clear in risk assessments, placement plans or behaviour management plans. This means staff do not have clear guidance on how to support the children in their care effectively.

Children regularly see their family members. Staff ensure that the children rebuild and maintain family relationships. Staff support all children's visits to see their family members, including those who live some distance away. Staff recognise that these

family connections are crucial and play a significant role in the children understanding their identity.

Children are encouraged to spend time with staff and their views are sought in house meetings. Staff record examples of 'you said, we did' when children have made a request that staff have been able to carry out.

Children experience a wide range of positive and meaningful activities. They have been to the theatre and museums. Children also take part in weekly clubs, such as horse-riding and dance classes. This helps to increase children's self-esteem. Children also have pets. This enables them to build emotional connections and take age-appropriate responsibility for the animals.

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

Children are not always kept safe. When two young children went missing, staff took appropriate action to report them missing to the police. However, when one of the children called the home in the middle of the night to ask to be picked up from a location 15 minutes away, staff refused to do so. Records show the child was told that they would 'have to wait till morning'. The child's social worker said they were not aware of this. When staff went to collect the children in the morning, they were not there and remained missing for a further 10 and a half hours. Staff inaction directly prolonged a missing episode overnight, increased the risk of significant harm to the children and left them in situations that were unsafe and dangerous, with one of the children reporting feeling unsafe with drunk men nearby.

After children have returned from missing-from-home incidents, they are not always provided with someone independent to talk to. Return home interviews are often carried out by staff from the home. This means the opportunity for children to speak openly about the home and explore any potentially linked reasons for going missing has not been consistently provided.

A young child has been restrained on several occasions. These restraints have been proportionate to the immediate risk. However, there has been no age-appropriate preparatory work done to explain to the child what restraint is and the reasons why staff might need to use it. This means the child has been restrained without having full understanding of what was happening.

Self-harm is dealt with appropriately by using relevant health services. Staff ensure that safety plans are in place and that these are followed. Children are able to tell staff when they have self-harmed in order that the correct treatment can be sought. This has helped to reduce self-harm risks for children.

Leaders have ensured that the correct checks have been carried out on newly recruited staff. This reduces the potential for inappropriate staff to be working at the home.

The location risk assessment has involved police and the local authority to ensure that all local risks have been shared.

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

The manager is suitably qualified and experienced. She is supported by an assistant manager.

Monitoring is carried out. However, on several occasions, poor practice and a lack of therapeutic responses to children were not identified. Despite knowing that staff refused to collect a child when they were missing, which left them at risk of harm, leaders and managers have not sufficiently addressed this with staff. This limits accountability and opportunities for learning and improvement.

Further examples of poor practice have not been identified by leaders and managers. Therefore, leaders and managers have not always provided staff with guidance as to acceptable and therapeutic ways to respond to children. This does not support staff to provide the therapeutic service outlined in the home's statement of purpose.

The risk assessment process to determine whether children can live together as a group is not meaningful. Strategies to mitigate risks related to new children moving in are identical for three children who each have different needs, risks and vulnerabilities. For example, one of the children is considerably younger and the process has failed to appropriately consider this. Consequently, the need for training in areas such as supporting primary school age children and the child's cultural background has been overlooked. The process has also failed to identify the need to provide the resources a much younger child requires.

Staff have benefited from some training. However, some important topics have not been covered in training, such as children missing from care. This does not help staff to be fully equipped to work with the needs the children have.

Leaders and managers have created strong relationships with external partners such as children's social workers and independent reviewing officers. This ensures that there is a joined-up approach to meeting the children's needs. This has led to external professionals providing positive feedback.

Staff are dedicated and committed and want to provide positive outcomes for children. Staff feel supported by the management team and staff morale is high.

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>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>take effective action whenever there is a serious concern about a child's welfare. (Regulation 12 (1) (2)(a)(iii)(v)(vi))</p>	1 March 2024
<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>lead and manage the home in a way that is consistent with the approach and ethos, and delivers the outcomes, set out in the home's statement of purpose;</p> <p>ensure that staff have the experience, qualifications and skills to meet the needs of each child.</p> <p>understand the impact that the quality of care provided in the home is having on the progress and experiences of each</p>	1 March 2024

<p>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)(a)(c)(f)(h))</p>	
<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;</p> <p>promote opportunities for each child to learn informally. (Regulation 8 (1) (2)(a)(i)(v))</p>	<p>1 March 2024</p>
<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>treat each child with dignity and respect;</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> <p>provide to children living in the home the physical necessities they need in order to live there comfortably;</p>	<p>1 March 2024</p>

provide to children personal items that are appropriate for their age and understanding; and

ensure that the premises used for the purposes of the home are designed and furnished so as to—

meet the needs of each child; and

enable each child to participate in the daily life of the home;
(Regulation 6 (1)(a)(b) (2)(a)(b)(i)(iii)(iv)(vii)(viii)(c)(i)(ii))

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: 1256452

Provision sub-type: Children's home

Registered provider: SureCare Residential Ltd

Registered provider address: The Old Snap Factory, Twyford Road, Bishop's Stortford CM23 3LJ

Responsible individual: Emma Barr

Registered manager: Belinda Devenny

Inspectors

Hannah Phillips, Social Care Inspector
Deirdra Keating, Social Care Inspector

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