

1247491

Registered provider: Keys Group Progressive Care & Education Limited

Assurance inspection

Inspected under the social care common inspection framework

Information about this children's home

The home is registered to provide care for up to four children who may have learning disabilities. The home is privately owned and managed.

The manager registered with Ofsted in November 2023.

Three children were living in the home at the time of the inspection.

Inspection date: 14 March 2024

Date of last inspection: 7 November 2023

Judgement at last inspection: requires improvement to be good

Enforcement action since last inspection: none

Information about this inspection

At this inspection, the inspector evaluated:

- the care of children
- the safety of children
- the effectiveness of leaders and managers.

The inspector has looked closely at the experiences and progress of children, using the social care common inspection framework. This assurance 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'.

Findings from the inspection

We did not identify any serious or widespread concerns in relation to the care or protection of children at this assurance inspection.

The home provides a spacious and homely environment in where the children make good progress. The children have their own lounge areas which are personalised to meet their individual needs.

Staff know the children well and speak warmly and knowledgeably about them. Staff use a variety of communication aids to interact with the children and help them communicate more effectively. For example, picture exchange communication systems, social stories, and visual aids. This helps the children to learn, form social relationships, express feelings and participate in everyday activities.

Staff support the children to maintain good physical health. The children are encouraged to eat healthily and supported to attend all their health appointments. This helps children access specialist support to improve their physical health and well-being. For example, one child is now on the pathway for a specialist assessment.

One of the children living in the home does not have an education provision. The manager is working with the local authority and education professionals to address the delays and concerns about the long-term impact on the child. One external professional said that the staff have been 'great advocates' regarding the child's education. Since the last inspection, the child has been engaging with a tutor four days a week. The staff also provide the child with a daily routine with educational activities to support their learning.

Individual sessions have been carried out with children on different issues, including how to make a complaint. Staff use social stories to prepare children for visiting a new environment and to learn about what behaviours are expected. This helps the children to cope with various changes and everyday life transitions. Individual work is being completed with one child in preparation for their move to an adult provision.

Children have a high level of supervision, which is consistent with their plans. This means that they can develop their independence whilst staff ensure that they are safe.

Physical interventions are proportionate and used as a last resort to safeguard children. Following the last inspection, the records of physical interventions are more detailed and show a range of de-escalation strategies used in attempts to avoid the need for the interventions. Debriefs are now taking place with staff members individually. Debriefs with children are child centred and in accordance with their communication needs.

Individual assessments of risk are in place and updated following incidents. The staff spoken to understand the children's vulnerabilities and identified risks. Staff are clear about what to do when responding to concerns about the safety of a child.

The medication administration records for one child record that they were given painkillers on several occasions since the last inspection. This was often when an incident had taken place. The reason for administering the medication is not always clear in the child's records. This makes it difficult to ascertain whether the medication was administered to ease physical pain and/or to manage behaviour.

Since the last inspection, all staff have completed training in epilepsy awareness and seizure management.

The home is managed by a suitably qualified manager. The manager knows the children well. Staff spoken to describe the manager as 'supportive' and said that they enjoy working in the home.

The home is adequately staffed for the children currently living in the home. The core staff team has remained the same. This has helped to ensure that there is consistency of care for the children. Agency staff known to the children are used on occasion.

Staff attend regular supervision meetings and team meetings take place each month. Staff also attend appraisals on an annual basis. However, the appraisals still do not include the views of the children or key individuals. This limits their effectiveness.

Monitoring and review systems are not embedded into practice. The manager is in the process of updating the records to evidence the review of assessments and plans. Furthermore, there are gaps in management oversight, for example when staff have administered painkillers to a child. This means that the manager does not have full oversight of what is working well for the children.

Staff attend a range of training to develop their knowledge and skills. However, some staff have not attended training to help them understand and meet the children's individual needs. For example, supporting children who have a diagnosis of global developmental delay, and communicating with children using Picture Exchange Communication Systems (PECS). This affects their ability to understand and respond to the children's needs.

Most of the requirements raised at the previous inspection have been met. However, one has been reinstated and will be reviewed at the home's next inspection.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
07/11/2023	Full	Requires improvement to be good
14/12/2022	Full	Requires improvement to be good
18/01/2022	Full	Good
30/07/2019	Full	Good

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 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>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 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)(c)(f)(h))</p> <p>In particular, the registered person must ensure that there are consistent monitoring and review systems in place to make improvements in the quality of care provided to the children.</p> <p>Furthermore, the registered person needs to ensure that staff receive relevant training in a timely way.</p>	14 May 2024
<p>No measure of control or discipline which is excessive, unreasonable or contrary to paragraph (2) may be used in relation to any child.</p> <p>The following measures may not be used to discipline any child—</p>	14 May 2024

<p>the use or withholding of medication, or medical or dental treatment. (Regulation 19 (1) (2)(d))</p> <p>In particular, the registered person must ensure that medication is not administered to manage children's behaviour.</p>	
<p>The registered person must maintain records ("case records") for each child which—</p> <p>include the information and documents listed in Schedule 3 in relation to each child;</p> <p>are kept up to date; and</p> <p>are signed and dated by the author of each entry. (Regulation 36 (1)(a)(b)(c))</p> <p>In particular, the registered person must ensure that the staff are familiar with the home's policies on record keeping and understand the importance of careful and clear recording.</p>	<p>14 May 2024</p>

Recommendation

- The registered person should ensure that staff appraisals take into account, where reasonable and practical, the views of other professionals who have worked with the staff member over the year and children in the home's care. ('Guide to the Children's Homes Regulations, including the quality standards', page 61, paragraph 13.5)

Children's home details

Unique reference number: 1247491

Provision sub-type: Children's home

Registered provider: Keys Group Progressive Care & Education Limited

Registered provider address: Maybrook House, Second Floor, Queensway,
Halesowen, Worcestershire B63 4AH

Responsible individual: Lisa McCloskey

Registered manager: Stephan Dillon

Inspector

Dawn Walker, Social Care Inspector

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